

**HOUSING, SUPPORTIVE SERVICES, AND FUNDING AVAILABLE FOR SPECIAL  
NEEDS POPULATIONS IN LOS ANGELES COUNTY**

**Prepared for:  
County of Los Angeles  
New Directions Task Force  
Interagency Operations Group  
Special Needs Housing Alliance**

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## I. EXECUTIVE SUMMARY

The County of Los Angeles Special Needs Alliance (Alliance) was created by the New Directions Task Force (NDTF) on June 10, 2001. The purpose of the Alliance is to provide an ongoing forum for County departments, service providers, housing agencies, developers and other stakeholders to coordinate resources and implement projects that address the unique housing and service needs of specific special needs populations in the County.

The Special Needs Housing Alliance was also created to serve as a conduit and catalyst to unite housing and program interests in Los Angeles County and to proactively secure funding for special needs housing.

In June 2002, the Los Angeles County Interagency Operations Group (IOG) commissioned Shelter Partnership, Inc. to: 1) develop a survey that identifies the County-assisted housing available to special needs populations, services that are provided to the County clients in the County-assisted housing, and the resources that fund the housing and services; 2) interview the nine Alliance members with the survey and; 3) draft this report.

The survey utilized by Shelter Partnership was divided into three sections: housing, services and funding. A total of 43 surveys were conducted with the 9 Alliance members, collectively referred to as "County departments."<sup>1</sup>

The key findings were as follows:

- Approximately 58% of special needs program clients resided in one of the following types of housing – emergency shelter, temporary housing,<sup>2</sup> or transitional housing.
- In the 39 housing programs, roughly 15% of the total clients served by the County departments had special needs.
- Persons with mental illness were identified as the special needs population most in need of housing across the continuum.

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<sup>1</sup> The participants in the survey are members of the Alliance, which consist of the Probation Department, the Los Angeles County Office of Education (LACOE), the Department of Children and Family Services (DCFS), the Department of Mental Health (DMH), the Department of Health Services (DHS) Office of AIDS Programs and Policy (OAPP), the Department of Public Social Services (DPSS), the Department of Community and Senior Services (CSS), the Community Development Commission (CDC) / Housing Authority of the County of Los Angeles (HACoLA), and the Los Angeles Homeless Services Authority (LAHSA). However, two agencies included in this group are typically not considered to be actual county departments. LAHSA is a joint powers authority of the City and County of Los Angeles, while the CDC is an agency formed under state of California law to administer housing programs for the county. The CDC also incorporates the HACoLA, and hereafter the joint acronym (CDC/HACoLA) is used to describe programs administered by HACoLA. Both the CDC and LAHSA are labeled as "county departments" for this report since they fall under the jurisdiction of the Board of Supervisors and they have been included as county departments by members of the Alliance.

<sup>2</sup> The Alliance created a temporary housing category for some of the programs operated by various county departments. However, most federal, state, and local housing programs do not recognize temporary housing as a housing category. Please refer to Appendix C for more information on the housing types used in this report.

- Service Planning Areas 3 and 6 were noted as the most unserved / underserved for housing the County's special needs populations.
- Nearly 1/3 of survey respondents indicated that transitional housing was the most needed form of housing for six of the County's special needs populations.
- After transitional housing, permanent housing was identified as the second most needed type of housing for the County's special needs populations. Emergency shelter and temporary housing were identified respectively as the third and fourth most needed types of housing.
- Housing placement assistance was ranked the highest, most needed supportive service for four of the eight populations, and was ranked second for the remaining four special needs populations.
- The total amount of annual funding available for the County's special needs housing and service programs was \$105,616,412. Of this amount:
  - A minimum of \$30,273,466 (29%) in annual program funding must be used as follows: \$6,219,734 for capital activities, \$21,325,687 for rental assistance / leasing, \$771,734 for operating activities, and \$1,956,311 for supportive service activities.
  - An additional \$75,342,946 (71%) in annual program funding was considered flexible and available to address the County's unmet special needs housing and supportive service needs. The available program funding was eligible to be utilized across one or more of the four activities (capital, rental assistance / leasing, operating, or supportive service activities), depending upon the funding source.

Appropriate housing and supportive services for special needs persons continue to be a significant challenge for the County of Los Angeles. There is insufficient transitional and permanent housing with the necessary and appropriate services for all special needs populations.

Virtually all county departments receive funds from various sources that can be used for housing or services for a variety of special needs populations. Currently, special needs housing providers must work with individual departments and each department must decide how these funds are allocated. This greatly complicates the process of coordinating the capital, service and operational resources required for the production of special needs housing. It also makes it more difficult for the departments to access available funding sources and to efficiently assess the type of housing needed for various populations throughout the County.

As housing demand escalates among special need populations, it is imperative that the County takes the lead in establishing a proactive countywide strategy and operational mechanism to address these needs in a coordinated manner and provide a meaningful approach to the production of special needs housing.

Based on the findings of this report, and work completed to date by the Alliance, the following next steps are being recommended to enhance the supply of service-enriched special needs housing in the County of Los Angeles:

- Transition the Alliance away from its current role as a planning body into a more active, project-based, policy-driven operation. Request that the Chief

Administrative Office (CAO) of the County Chair the Alliance during its transitional period.

- Consistent with the new operational role of the Alliance, develop a process/mechanism for prioritizing and coordinating flexible annual funding affecting special needs populations.
- Ensure Alliance members are represented by management staff that has access to decision makers within their department/agency, with the ability to commit available financial and staffing resources to implement policy, project or other decisions set by the Alliance.
- County departments should be assigned the lead role on a project-specific basis, depending upon the nature of the special needs population(s) being served.
- Utilize the services of technical assistance providers to support the coordination and project-specific aspects of the Alliance.
- Ensure that mechanisms are developed by Alliance members to maintain or enhance data collection efforts consistent with those outlined in this report.

## **II. METHODOLOGY**

The survey utilized by Shelter Partnership was based upon an existing survey instrument designed by the Special Needs Housing Alliance in late 2001 and early 2002. Shelter Partnership redesigned the survey in June 2002.

The survey consisted of seventeen (17) pages, divided into three parts — housing, services, and funding sources — to collect program and client data. The survey also included an attachment (Appendix C) to provide respondents with definitions for special needs populations and the four housing types — emergency shelter, temporary housing, transitional housing, and permanent housing — utilized in the survey.

The housing section of the survey sought information on the special needs clients served through the housing program, the types of special needs housing in which clients resided, the types of housing needed by special needs clients, and the Service Planning Areas that were unserved and/or underserved per housing type.

The services section of the survey requested information on the services offered through the housing program, including those delivered by the administering department, other county departments, and/or private nonprofit organizations. The services section also asked departments to rank the services most needed by special needs clients served through the program.

The funding section of the survey sought to identify the funding sources that support the housing program, including the amount available, eligible activities, and match funding requirements.

On July 17, 2002, the New Directions Task Force (NDTF)/Interagency Operations Group (IOG) distributed the survey to the nine Alliance member departments. Interviews were conducted at each Alliance member department from July 18, 2002 to September 16, 2002. One survey was completed for each individual housing program. A total of forty-three (43) surveys were conducted with participating departments.

Seven of the nine departments were found to administer and/or operate special needs housing programs. The Los Angeles County Office of Education reported no housing programs, so the three educational programs that they provided were categorized as services and not housing programs. The Probation Department reported on four housing programs. Three of these programs — the Bridges to Independence Transitional Housing Program (THP), the Transitional Housing Placement Program (THPP), and the Room and Board Assistance Program — were actually administered by DCFS. The fourth program, the Community Camp Transition Program, was not consistent with one of the recognized Alliance housing types.

Information included in this report came primarily from the interviews and follow-up with the participating departments. On occasion, Shelter Partnership relied upon additional sources to supplement data that was not available at the time of the interview or to confirm provided information. The report also includes information obtained from literature provided by county departments, current studies and publications concerning the county's housing programs and clients, and public information accessed by Shelter Partnership.

### **III. CHARACTERISTICS OF SPECIAL NEEDS HOUSING PROGRAMS**

#### **A. Overview of Special Needs Housing Programs**

##### **1. Special Needs Housing**

Eight of nine county departments operated forty-three programs that provide housing, supportive services, or funding for special needs populations. These forty-three programs served a total of 57,717 clients, though not all of these programs were exclusive to special needs populations. In addition to providing resources to special needs populations, many departments reported that their programs also served populations that were not recognized as special needs groups by the Special Needs Housing Alliance.

The number of special needs clients served through the housing programs was a small fraction of the total number of clients served by each department. On average, the number of special needs clients served through each housing program represented only 0.85% of the total number of clients served by the department that operated and/or administered that program.

The forty-three programs serving special needs populations in Los Angeles County were as diverse in size and scope as the clients that they served. The program with the least amount of participants was the CalWORKs Housing Relocation Program, administered by the Department of Public Social Services, which served three clients. The program with the greatest amount of participants (30,000) was the Juvenile Court Schooling Program, administered by the County Office of Education. Programs ranged from those that provided only housing to others that only provided supportive services (e.g., the Los Angeles County Office of Education's Special Needs Program). Some programs provided capital funding for special needs housing development (e.g., the City of Industry Fund Special Needs Housing Program) while others provided rental assistance for special needs clients (e.g., Shelter Plus Care).



All of the special needs populations recognized by the Alliance were served by at least one program. Some programs, such as the City of Industry Fund Special Needs Housing program targeted multiple populations, while others, like the U.S. Department of Housing and Urban Development (HUD) Supportive Housing Program – Transitional Housing, did not target special needs populations.

Nine of the forty-three programs were designed to specifically serve persons living with HIV/ AIDS. Persons with mental illness were targeted by seven special needs housing programs. Five programs were reported to target emancipated foster youth (ages 18 to 21). Victims of domestic violence and emancipating foster youth (ages 14 to 17) were populations that were targeted by only one program each.

The remainder of the programs included in the report were not limited to any one special needs population, but instead targeted multiple populations, including those defined by the Alliance to have special needs. Though they were reported to be served across a range of special needs housing programs, persons with developmental disabilities, the frail elderly, and teen mothers were not special needs populations targeted solely by any one special needs housing program.

Only 8,400 (14.5%) of the 57,717 clients served by the forty-three programs surveyed were identified as special needs populations, as defined by the Alliance. Almost half of these, 3,981 (47.4%) clients, were persons with mental illness. Other special needs populations identified through the survey were as follows: 1,119 (13.3%) victims of domestic violence, 1,022 (12.2%) persons living with HIV/ AIDS, 577 (6.9%) emancipated foster youth (ages 18 to 21), 457 (5.4%) persons with developmental disabilities, 100 (1.2%) teen mothers, 96 (1.1%) frail elderly, and 76 (0.9%) emancipating foster youth (ages 14 to 17). Survey respondents did not report specific special needs populations for the remaining 972 (11.6%) special needs clients. In these cases, respondents only noted the percentages of special needs clients served in their programs (see Table 1).

**Table 1: Number of County Clients with Special Needs Served by Housing Programs**

Housing Program	DD	DV	EFY1	EFY2	FE	HIV/ AIDS	MI	TM	Other <sup>1</sup>	Total
AB 2034 Program							1590 <sup>2</sup>			1590
Adult Protective Services Emergency Shelter Program	56				96		4			156
Adult Residential Facilities						26				26
City of Industry Fund Special Needs Housing Program	33	60 <sup>3</sup>		32		463	30 <sup>4</sup>			618
CDC Funding for Special Needs Housing	30			46		39				115
Congregate Living Health Facilities						25				25
Domestic Violence Emergency Shelter Program		687								687
Downtown Drop-In Center	X	X				X	X		36	36
General Relief Emergency Voucher Program	185						185			370
HIV/AIDS Substance Abuse Inpatient Detoxification Facilities						7				7
HIV/AIDS Substance Abuse Residential Rehabilitation Services						45.5				45.5
HIV/AIDS Substance Abuse Transitional Housing						19				19
Home Investment Partnership Program	26			0 <sup>5</sup>		40				66
Homeless Assistance Program - Permanent	X	X					X	X	287	287
Homeless Assistance Program - Temporary	50	50					200	100		400
HOPWA Tenant-based Rental Assistance						44				44
Housing Relocation Program										0
ILP Emergency Shelter				12			X			12
ILP Special Needs Housing				38			X			38
ILP Transitional Housing				140			X			140
Residential Care Facilities for the Chronically Ill						96.5				96.5
Room and Board Assistance Program				114						114
Section 8 Aftercare Program							100			100
Section 8 Homeless Program (DMH/HACLA)							51			51
Section 8 Homeless Program (DMH/HACoLA)							268			268
Shelter and Services Program - Emergency Shelter	14	92				21	113			240
Shelter and Services Program - Transitional Housing										N/A

<b>Housing Program</b>	<b>DD</b>	<b>DV</b>	<b>EFY1</b>	<b>EFY2</b>	<b>FE</b>	<b>HIV/ AIDS</b>	<b>MI</b>	<b>TM</b>	<b>Other<sup>1</sup></b>	<b>Total</b>
Shelter Plus Care (DMH/HACLA)							55			55
Shelter Plus Care (HACoLA)		7				10	56			73
Shelter Plus Care (DMH/HACoLA)							47			47
Specialized Shelter Bed Program							524			524
Supportive Housing Program - Permanent Housing	X	X				X	X		649	649
Supportive Housing Program - Transitional Housing	17	154				103	342			616
The Residential Emergency Housing Program						10.5				10.5
The Residential Transitional Housing Program						26				26
Transitional Housing Placement Program			76							76
Transitional Housing Program				195 <sup>6</sup>						195
Winter Shelter Program	46	69				46	416			577
<b>Total</b>	<b>457</b>	<b>1119</b>	<b>76</b>	<b>577<sup>5</sup></b>	<b>96</b>	<b>1022</b>	<b>3981</b>	<b>100</b>	<b>972</b>	<b>8400</b>

<sup>1</sup> The breakdown of each special needs client population in the Downtown Drop-in Center, Homeless Assistance Program - Permanent, and Supportive Housing Program – Permanent Housing was not available.

<sup>2</sup> Of the 1590 mentally ill clients served by AB 2034, 147 were victims of domestic violence, 78 were emancipated youth 18-21, 21 were persons living with HIV / AIDS, 7 were teen mothers, 22 were persons with developmental disabilities, and 17 were frail elderly.

<sup>3</sup> 30 additional beds are funded by SHP-TH.

<sup>4</sup> 32 additional beds are funded by SHP-PH.

<sup>5</sup> 78 beds are funded by the Transitional Housing Program.

<sup>6</sup> Of the 195 clients in the Transitional Housing Program, 26 were Teen Mothers.

Survey respondents reported that 8,103 (96.5%) special needs program clients resided in one of four types of housing — emergency shelter, temporary housing, transitional housing, and permanent housing. Approximately 2,810 (33.4%) special needs clients resided in emergency shelter; 416 (5.0%) resided in temporary housing; 1,510 (18.0%) resided in transitional housing; and 3,367 (40.1%) resided in permanent housing. Some survey respondents were not able to report on the housing types, if any, occupied by program clients, while other respondents reported outreaching to clients who were homeless or incarcerated, which accounted for the remaining balance of 297 (3.5%) special needs clients (see Table 2).

**Table 2: Housing Types Available to Special Needs Clients by County Departments**

Agency	Housing Program	Emergency Shelter	Temporary Housing	Transitional Housing	Permanent Housing
CDC/ HACoLA	CDC Funding for Special Needs Housing			46	69
	City of Industry Fund Special Needs Housing Program			92	526
	HOME Investment Partnership Program			0 <sup>1</sup>	66
	HOPWA Tenant-based Rental Assistance				44
	Section 8 Homeless Program				268
	Shelter Plus Care				73
CSS	Adult Protective Services Emergency Shelter Program	156			
	Domestic Violence Emergency Shelter Program	687			
DCFS	ILP Special Needs Housing			38	
	Room and Board Assistance Program		114		
	Transitional Housing Placement Program			76	
	Transitional Housing Program			195	
DMH	AB 2034 Program	42	5	114	1132
	Section 8 Aftercare Program (DMH/HACLA)				100
	Section 8 Homeless Program (DMH/HACLA)				51
	Shelter Plus Care (DMH/HACLA)				55
	Shelter Plus Care (DMH/HACoLA)				47
	Specialized Shelter Bed Program	524			
DPSS	General Relief Emergency Voucher Program	370			
	Homeless Assistance Program-Permanent				287
	Homeless Assistance Program-Temporary	400			
	Housing Relocation Program				N/A <sup>2</sup>
LAHSA	Downtown Drop-In Center	36			
	ILP Emergency Shelter		12		
	ILP Transitional Housing			140	
	Shelter and Services Program-Emergency Shelter		240		
	Shelter and Services Program-Transitional Housing			N/A <sup>2</sup>	
	Supportive Housing Program-Permanent Housing				649
	Supportive Housing Program-Transitional Housing			616	
	Winter Shelter Program	577			

Agency	Housing Program	Emergency Shelter	Temporary Housing	Transitional Housing	Permanent Housing
OAPP	Adult Residential Facilities			26	
	Congregate Living Health Facilities			25	
	HIV/ AIDS Substance Abuse Inpatient Detoxification Facilities	7			
	HIV/ AIDS Substance Abuse Residential Rehabilitation Services			45.5	
	HIV/ AIDS Substance Abuse Transitional Housing		19		
	Residential Care Facilities for the Chronically Ill			96.5	
	Residential Emergency Housing Program	10.5			
	Residential Transitional Housing Program		26		
	<b>Total (per housing type)</b>	<b>2810</b>	<b>416</b>	<b>1510</b>	<b>3367</b>
	<b>Total (all housing types)</b>	<b>8103</b>			

<sup>1</sup> 78 clients are housed by the Transitional Housing Program.

<sup>2</sup> Housing type information was not reported for these programs.

<sup>3</sup> The remaining 297 special needs clients were served through the AB 2034 Program and were reported to be either homeless (receiving contact through outreach), incarcerated, or hospitalized.

Ten of the housing programs provided emergency shelter, six provided temporary housing, fourteen provided transitional housing, and fourteen provided permanent housing (see Table 3).

**Table 3: Number of County Clients with Special Needs Served by Housing Programs and Housing Types**

Housing Type	Housing Program	DD	DV	EFY1	EFY2	FE	HIV/ AIDS	MI	TM	Other <sup>1</sup>
<b>Emergency Shelter</b>	AB 2034 Program <sup>2</sup>							42		
	Adult Protective Services Emergency Shelter Program	56				96		4		
	Domestic Violence Emergency Shelter Program		687							
	Downtown Drop-In Center									36
	General Relief Emergency Voucher Program	185						185		
	HIV/ AIDS Substance Abuse Inpatient Detoxification Facilities						7			
	Homeless Assistance Program-Temporary	50	50					200	100	
	Residential Emergency Housing Program						10.5			
	Specialized Shelter Bed Program							524		
	Winter Shelter Program	46	69				46	416		

Housing Type	Housing Program	DD	DV	EFY1	EFY2	FE	HIV/ AIDS	MI	TM	Other <sup>1</sup>
<b>Temporary Housing</b>	AB 2034 Program <sup>2</sup>							5		
	HIV / AIDS Substance Abuse Transitional Housing						19			
	ILP Emergency Shelter				12					
	Residential Transitional Housing Program						26			
	Room and Board Assistance Program				114					
	Shelter and Services Program- Emergency Shelter	14	92				21	113		
<b>Transitional Housing</b>	AB 2034 Program <sup>2</sup>							114		
	Adult Residential Facilities						26			
	Bridges to Independence THP				195 <sup>5</sup>					
	CDC Funding for Special Needs Housing				46					
	City of Industry Fund Special Needs Housing Program		60 <sup>3</sup>		32					
	Congregate Living Health Facilities						25			
	HIV / AIDS Substance Abuse Residential Rehabilitation Services						45.5			
	HOME Investment Partnerships Program				0 <sup>4</sup>					
	ILP Special Needs Housing				38					
	ILP Transitional Housing				140					
	Residential Care Facilities for the Chronically Ill						96.5			
	Shelter and Services Program- Transitional Housing	not available								
	Supportive Housing Program- Transitional Housing	17	154				103	342		
	Transitional Housing Placement Program			76						
<b>Permanent Housing</b>	AB 2034 Program <sup>2</sup>							1132		
	CDC Funding for Special Needs Housing	30					39			
	City of Industry Fund Special Needs Housing Program	33					463	30 <sup>6</sup>		
	HOME Investment Partnership Program	26					40			

Housing Type	Housing Program	DD	DV	EFY1	EFY2	FE	HIV/AIDS	MI	TM	Other <sup>1</sup>
Permanent Housing (cont.)	Homeless Assistance Program - Permanent									287
	HOPWA Tenant-based Rental Assistance						44			
	Housing Relocation Program									N/A
	Section 8 Aftercare Program							100		
	Section 8 Homeless Program (City of Los Angeles)							51		
	Section 8 Homeless Program (County of Los Angeles)							268		
	Shelter Plus Care (City of Los Angeles)							55		
	Shelter Plus Care (CDC/HACoLA)		7				10	56		
	Shelter Plus Care (DMH/HACoLA)							47		
	Supportive Housing Program- Permanent Housing									649
<b>Total</b>		<b>457</b>	<b>1119</b>	<b>76</b>	<b>577</b>	<b>96</b>	<b>1022</b>	<b>3684<sup>7</sup></b>	<b>100</b>	<b>972</b>

<sup>1</sup> The breakdown of each special needs client population for Downtown Drop-in Center, Homeless Assistance Program - Permanent, and Supportive Housing Program – Permanent Housing was not available.

<sup>2</sup> The AB 2034 serves clients in all four housing types, but DMH could not report on specific special needs populations for each type.

<sup>3</sup> 30 additional beds are funded by SHP-TH.

<sup>4</sup> 78 beds are funded by the Transitional Housing Program.

<sup>5</sup> Of the 195 clients in the Transitional Housing Program, 26 are Teen Mothers.

<sup>6</sup> Additional beds are funded by SHP-PH.

<sup>7</sup> Does not include 297 clients reported to be either homeless, incarcerated, or hospitalized.

## 2. Supportive Services

In addition to promoting stability and self-sufficiency, the county's special needs housing programs also assist clients to obtain and maintain their housing through the delivery of supportive services. A total of twenty-five supportive services were provided through the county's thirty-nine special needs housing programs. These services were provided by the county department administering/operating the program, other county departments, and/or private nonprofit organizations.

Five special needs housing programs — Adult Residential Facilities, Residential Care Facilities for the Chronically Ill, the Room and Board Assistance Program, the Section 8 Homeless Program (County of Los Angeles), and the DMH Shelter Plus Care Program (City of Los Angeles) — each offered an array of sixteen (16) supportive services. The special needs housing program that offered the least amount of supportive services was the Housing Relocation Program (see Table 4).

**Table 4: Supportive Services Provided to Clients in County Housing Programs**

Housing Program	Benefits Assistance	Case Management	Childcare/Children's services	Clothing	Counseling	Cultural Enrichment/Recreation	Dental Care	Domestic Violence Services	Education/Instruction	Employment Services	Eye Care	Food/Meals	Health Related/Home Health	HIV/AIDS Services	Housing Placement Assistance	ILP Services/Aftercare	Legal Services	Life Skills Training	Mental Health Treatment	Parenting Assistance	Rental Assistance	Substance Abuse Treatment	Transportation Assistance	Tuition
AB 2034 Program	X	X	X	X	X			X	X		X	X		X		X	X			X	X	X		
Adult Protective Services																								
Emergency Shelter Program	X	X	X	X				X			X	X		X		X	X				X	X		
Adult Residential Facilities	X	X	X	X	X	X		X	X		X	X	X	X			X	X			X	X		
Alternative Education					X			X		X													X	
Bridges to Independence THP	X	X	X		X	X		X	X		X						X	X	X	X	X		X	
CDC Funding for Special Needs Housing*																								
City of Industry Fund Special Needs Housing Program**																								
Congregate Living Health Facilities	X	X		X	X	X	X		X		X	X	X	X		X		X					X	
Domestic Violence Emergency Shelter Program	X	X	X	X	X			X			X		X	X		X	X	X			X	X		
Downtown Drop-In Center	X											X	X				X	X			X	X		
General Relief Emergency Voucher Program	X						X		X		X							X			X	X		
HIV/AIDS Substance Abuse Inpatient Detoxification Facilities	X	X			X		X			X	X	X	X	X			X				X	X		
HIV/AIDS Substance Abuse Residential Rehabilitation Services	X	X			X		X			X	X	X	X	X				X			X	X		
HIV/AIDS Substance Abuse Transitional Housing	X	X			X		X			X	X	X	X	X				X			X	X		
HOME **																								



Housing Program	Benefits Assistance	Case Management	Childcare/Children's services	Clothing	Counseling	Cultural Enrichment/Recreation	Dental Care	Domestic Violence/Recreation	Education/Instruction	Employment Services	Eye Care	Food/Meals	Health Related	HIV/AIDS Services	Housing Placement Assistance	ILP Services/Aftercare	Life Skills Training	Mental Health	Move-in Assistance	Parenting Classes	Rental Assistance	Substance Abuse Treatment	Transportation Assistance	Tuition
Homeless Assistance Program-Permanent	X		X	X							X						X				X			
Homeless Assistance Program-Temporary	X		X	X						X							X				X			
HOPWA Tenant-based Rental Assistance		X			X			X		X	X	X	X		X		X	X					X	
Housing Relocation Program	X				X									X									X	
ILP Emergency Shelter	X	X		X				X	X		X	X	X	X	X		X	X				X	X	
ILP Housing Search and Assistance														X										
ILP Special Needs Housing	X	X		X	X			X	X		X			X	X		X	X						
ILP Transitional Housing	X	X		X	X			X	X		X	X	X	X	X		X	X				X	X	
Juvenile Court and Community Schools Program					X			X			X												X	
Residential Care Facilities for the Chronically Ill	X	X	X	X	X	X			X	X		X	X				X	X				X	X	
Residential Emergency Housing Program	X	X			X		X			X	X		X	X				X				X	X	
Residential Transitional Housing Program	X	X			X		X			X	X	X	X	X				X				X	X	
Room and Board Assistance	X	X	X	X	X				X		X	X		X	X	X	X	X					X	X
Section 8 Aftercare Program (DMH/HACLA)	X	X	X	X	X				X	X		X	X				X	X				X		
Section 8 Homeless Program (City of Los Angeles)	X	X	X	X					X	X		X	X			X	X	X				X	X	
Section 8 Homeless Program (County of Los Angeles)	X	X	X	X	X				X	X		X	X			X	X	X				X	X	

Housing Program	Benefits Assistance	Case Management	Childcare/Children's services	Clothing	Counseling	Cultural Enrichment/Recreation	Dental Care	Domestic Violence Services	Education/Instruction	Employment Services	Eye Care	Food/Meals	Health Related/HIV/AIDS	Home Health	Housing Placement	ILP Services/Aftercare	Legal Services	Life Skills Training	Mental Health	Move-in Assistance	Parenting Classes	Rental Assistance	Substance Abuse Treatment	Transportation Assistance	Tuition
Shelter and Services Program- Emergency Shelter	X	X								X		X	X			X	X					X	X		
Shelter and Services Program- Transitional Housing	X	X										X	X			X	X					X			
Shelter Plus Care (DMH/HACLA)	X	X	X	X	X			X	X		X	X	X	X		X	X	X				X	X		
Shelter Plus Care (County of Los Angeles)	X	X	X	X				X	X		X	X	X	X			X	X				X			
Special Education Program					X			X	X		X						X							X	
Specialized Shelter Bed Program	X	X	X	X	X			X	X			X	X	X		X	X	X				X	X		
Supportive Housing Program- Permanent Housing	X	X											X				X	X				X			
Supportive Housing Program- Transitional Housing	X	X											X	X			X	X				X			
Transitional Housing Placement Program	X	X		X	X			X	X		X	X		X		X	X	X					X		
Winter Shelter Program	X	X			X						X		X	X			X	X				X	X		

\* There are no services provided in conjunction with these programs.

\*\* HACoLA is not able to report on the services that are provided to special needs clients in this program.

### 3. Funding

Survey respondents noted that a range of four housing and services activities — capital, rental assistance/leasing, operating, and supportive services— were eligible for program funding. The total amount of funding available per year for the county’s special needs housing and services programs was \$105,616,412. Of this amount, a minimum of \$30,273,466 must be used as follows: \$6,219,734 for capital activities; \$21,325,687 for rental assistance/leasing; \$771,734 for operating activities; and \$1,956,311 for supportive services (see Table 5).

**Table 5: Non-flexible Funding Available for Special Needs Housing and Supportive Services (per year)**

Funding Program	Capital	Rental Assistance/ Leasing	Operating	Supportive Services
CDBG (County of Los Angeles) <sup>1</sup>				\$35,000
City of Industry Fund Special Needs Housing Program	\$6,000,000			
City of Long Beach Funds				\$10,000
HOPWA Tenant-based Rental Assistance		\$1,200,000		
Section 8 Aftercare Program (DMH/HACLA)		\$600,024		
Section 8 Homeless Program (DMH/HACLA)		\$600,024		
Section 8 Homeless Program (DMH/HACoLA) <sup>1</sup>		\$1,640,160		
Section 8 Homeless Program (HACoLA) <sup>1</sup>		\$3,653,640		
Shelter Plus Care (DMH/HACLA)		\$388,596		
Shelter Plus Care (HACoLA) <sup>2</sup>		\$2,253,623		
Shelter Plus Care (DMH/HACoLA) <sup>2</sup>		\$330,372		
SHP/Bridges to Independence THP <sup>2</sup>	\$219,734	\$1,349,640	\$771,734	\$1,911,311
TANF/CalWORKs <sup>1</sup>		\$9,309,608		
<b>Total Non-flexible Funding (per activity)</b>	<b>\$6,219,734</b>	<b>\$21,325,687</b>	<b>\$771,734</b>	<b>\$1,956,311</b>
	<b>Total Non-flexible Funding (all activities)</b>			<b>\$30,273,466</b>

An additional \$75,342,946 was available in annual program funding that was not limited to any one housing or service activity, but was eligible to be utilized across one or more of these activities, depending upon the funding source. For the county’s special needs populations, the maximum amount of additional funding available per year for capital activities was \$64,381,478; \$55,809,123 for rental assistance/leasing; \$62,342,946 for operating activities; and \$58,775,653 for supportive services (see Table 6).

**Table 6: Flexible Funding Available for Special Needs Housing and Supportive Services (per year)**

<b>Funding Program</b>	<b>Capital</b>	<b>Rental Assistance/ Leasing</b>	<b>Operating</b>	<b>Supportive Services</b>
AB 2034 Program <sup>1</sup>	\$16,613,520	\$16,613,520	\$16,613,520	\$16,613,520
CARE Act Title I <sup>2</sup>			\$4,201,882	\$4,201,882
CARE Act Title II <sup>1</sup>			\$65,941	\$65,941
CDBG (City of Los Angeles)	\$1,977,573	\$1,977,573	\$1,977,573	\$1,977,573
City of Los Angeles General Fund	\$500,000	\$500,000	\$500,000	\$500,000
Convicted Batterers Fines <sup>1</sup>			\$308,000	\$308,000
EFSP		\$860,352	\$860,352	\$860,352
EHAP	\$300,000	\$300,000	\$300,000	\$300,000
ESG (City of Los Angeles)	\$2,544,730	\$2,544,730	\$2,544,730	\$2,544,730
ESG (County of Los Angeles) <sup>2</sup>	\$897,298	\$897,298	\$897,298	\$897,298
HOME Investment Partnership Program <sup>2</sup>	\$13,000,000			
ILP <sup>1</sup>		\$3,567,293	\$3,567,293	
Net County Costs/County of Los Angeles General Fund	\$7,105,479	\$7,105,479	\$7,105,479	\$7,105,479
Presley Funds <sup>1</sup>			\$1,538,000	\$1,538,000
SHP - Permanent Housing <sup>3</sup>	\$7,234,484	\$7,234,484	\$7,234,484	\$7,234,484
SHP - Transitional Housing <sup>3</sup>	\$13,978,394	\$13,978,394	\$13,978,394	\$13,978,394
Social Security Title IV E (AFDC-FC) <sup>2</sup>			\$420,000	\$420,000
State General Fund	\$230,000	\$230,000	\$230,000	\$230,000
<b>Total Flexible Funding (per activity)</b>	<b>\$64,381,478</b>	<b>\$55,809,123</b>	<b>\$62,342,946</b>	<b>\$58,775,653</b>
<b>Total Flexible Funding (all activities)</b>				<b>\$75,342,946</b>

<sup>1</sup> State formula grant allocated to the County of Los Angeles.

<sup>2</sup> Federal formula grant allocated to the County of Los Angeles.

<sup>3</sup> Competitive federal grant awarded to the County of Los Angeles.

## **B. Housing Programs Serving Persons with Developmental Disabilities**

None of the departments surveyed reported operating or administering any special needs housing programs designed solely to serve persons with developmental disabilities. This is due in large part to the system of care that has developed in California to address the unique needs of this population.

The Lanterman Developmental Disabilities Services Act of 1969 defines the rights of persons with developmental disabilities and establishes how these services will be delivered. These regulations govern how services are delivered within the California developmental services system. The State of California Department of Developmental Services (DDS) is the department responsible for designing and coordinating a wide array of services and support for over 155,000 children and adults with developmental disabilities in California. These services are provided through a statewide network of twenty-one locally based regional centers.

Regional centers, as defined by the Lanterman Act, are private, nonprofit organizations under contract to and receiving funds from DDS. Due to the geography and population density of Los Angeles County, the region is home to seven regional centers. All regional centers serve as a fixed point in the community to coordinate and provide community-based services for individuals and families with developmental disabilities.

Several programs, however, reported to serve persons with developmental disabilities, though such programs are not exclusive to this population. For information on programs serving persons with developmental disabilities in the County of Los Angeles, please refer to Sections III.J. and III.K.

## **C. Housing Programs Serving Victims of Domestic Violence**

### **1. Domestic Violence Emergency Shelter Program**

The Domestic Violence Emergency Shelter program (DVES), administered by the Department of Community and Senior Services, is the only county housing program that solely targets victims of domestic violence. The DVES program provides victims of domestic violence and their children with crisis intervention services, including emergency shelter, to ensure their safety and survival and assist them in moving toward independence and self-sufficiency.

#### **a. Housing Type**

The Domestic Violence Emergency Shelter program served a total of 687 clients through a network of twenty-two emergency shelters throughout the County of Los Angeles.<sup>3</sup>

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<sup>3</sup> On April 17, 2000, Community and Senior Services issued a Request for Proposals (RFP) soliciting service providers for the Domestic Violence Emergency Shelter Program for July 1, 2000 through June 30, 2001, with an option to renew annually for an additional two years subject to agency performance, availability of funds and community needs. Twenty-two agencies were successfully recommended by the department for funding, and on June 27, 2000, were approved for funding by the County of Los Angeles Board of Supervisors. The 2002-2003 contract year is the third and final year of the funding cycle.

The length of stay in these shelters ranged from 30 to 60 days (up to 90 days in special circumstances) depending on the designs and policies of each program.

CSS was unable to determine what percentage of the total number of clients served by the department were served in the DVES program, though they estimated the number of clients served by the program to represent less than 1% of the total departmental caseload. CSS did not identify any other subpopulations served by the DVES program.

#### **b. Services Provided**

Fourteen supportive services were provided through the DVES program by other county departments and private nonprofit organizations.

Other county departments provided a total of six services. DPSS provided benefits assistance, child care/children's services, and transportation assistance; DHS provided HIV/AIDS services and substance abuse treatment; and DMH offered mental health treatment.

Ten supportive services were provided to participants in the DVES program by the contracted nonprofit organizations, including clothing, case management, child care/children's services, counseling, education/instruction, food/meals, housing placement assistance, legal services, life skills training, and transportation assistance (in the form of bus tokens).

#### **c. Funding Sources**

The Domestic Violence Emergency Shelter Program is fully financed through the County of Los Angeles Domestic Violence Program Trust Fund. Two funding sources contribute to the Domestic Violence Program Trust Fund: fees from marriage licenses (Presley funds) and fines collected from convicted batterers. Presley funds and fines from convicted batterers provide a combined total of \$1,846,000 in annual program funding.

For Fiscal Year 2002-2003, a total of \$1,650,000 has been allocated to twenty-two Domestic Violence Emergency Shelter programs in the amount of \$75,000 per contracted shelter. CSS has also included a contingency line item in the program budget, in the amount of \$250,000, to offset unexpected program needs. Together with \$211,000 dedicated for the department's administrative costs, the estimated FY 2002-2003 cost for the Domestic Violence Emergency Shelter program is \$2,111,000. CSS did not report on the \$265,000 used to fund the remaining cost of the program.

##### **i. Presley Funds**

Senate Bill (SB) 1246 (Presley), signed into law by the Governor on June 4, 1980, increased the fee for each marriage license issued by \$8. The bill also authorized the deposit of this increase into a separate Domestic Violence Program Trust Fund to be administered by the county. Currently, the authorized deposit is \$23 per license.

The County of Los Angeles Board of Supervisors must authorize the use of Presley funds. The Board has charged CSS with monitoring and administering the Domestic Violence Program Trust Fund. CSS reported that during FY 2001-2002 a total of \$1,538,000 in marriage license fees was deposited into the Domestic Violence Program Trust Fund. These funds are available each fiscal year, beginning July 1, and can only be used for emergency shelter and temporary housing. Presley funds can be used for operating costs and/or supportive services. There are no match requirements for the County to access these funds.

## **ii. Convicted Batterers' Fines**

Fifteen years after SB 1246 became law, SB 169 (Hayden) amended Penal Code §1203.097, permitting the courts to deposit one-third of fines collected from convicted batterers into the Domestic Violence Program Trust Fund.

The County of Los Angeles retains one-third of the fines collected from convicted batterers for the Domestic Violence Program Trust Fund.<sup>4</sup> For Fiscal Year 2001-2002, the county's Auditor-Controller placed \$308,000 in the Domestic Violence Program Trust Fund. These funds are available on July 1, and can be used for emergency shelter. Operating costs and/or supportive service costs are eligible expenses. CSS reported no match requirements to access this funding source.

## **D. Housing Programs Serving Emancipating Foster Youth (ages 14 to 17)**

### **1. The Transitional Housing Placement Program**

The Transitional Housing Placement Program (THPP) is the only special needs housing program that solely targets youth (ages 14 to 17) emancipating from the county's foster care or probation systems. This program is frequently referred to as "Emancipation Plus," so as not to be confused with programs with a similar acronym. THPP advances the goals of the federal Independent Living Program (ILP) by serving as a bridge from foster care or probation supervision to independence and self-sufficiency. The program ensures that foster youth receive proper training, a high school diploma or its equivalent, and are provided with affordable housing (prior to emancipation) to facilitate their integration into the community upon exiting the foster care or probation systems.

The legislative authority for the THPP originated in 1996, when the Governor signed Assembly Bill (AB) 1198. This bill required the California Department of Social Services to develop the THPP as a pilot program in three counties, including Los Angeles. Three years later, AB 2774 made the THPP a permanent program in every county in California.

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<sup>4</sup> The remaining two-thirds is transferred, once a month, to the State Controller for deposit into the Domestic Violence Fund. Of the two-thirds, one-half is distributed to the counties for the development and maintenance of the domestic violence restraining order data bank system. The other half supports the development of a statewide training and education program to increase public awareness of domestic violence and to improve the scope and quality of services provided to victims of domestic violence.

The THPP is unique in two ways. First, it brings together two departments — Probation and Children and Family Services — serving youth in the foster care and probation systems. DCFS is responsible for administering the program and making funding recommendations to the Board of Supervisors; Probation identifies eligible, ready youth and assists them to enroll in the program. Consequently, DCFS clients represent the bulk (93.8%) of program youth who are assisted.

Secondly, the THPP targets a very select group. In addition to being a 17 to 18 year old senior in high school, with an anticipated graduation date of June, the youth must be willing to do the following: cooperate with the program, work on their high school diploma, do well in school and their current out-of-home placement, be enrolled in the Independent Living Program, and be a responsible person able to share an apartment with a roommate.

#### **a. Housing Type**

As its name suggests, the THPP is classified as a transitional housing program. The average THPP youth is housed in the program for approximately one year. The program ensures that youth receive a furnished apartment with paid utilities. Scattered-site housing is provided to participants through seven licensed, contracted agencies located in four of the county's eight Service Planning Areas.

AB 2774 permits counties to adopt one of two strategies to house clients. One option allows one or more participants to live independently in an apartment rented or leased by the licensee located in a building in which one or more adult employee of the THPP provides supervision (supervising adult). The other option allows one or more participants to live independently in an apartment rented or leased by the licensee, under the supervision of the THPP licensee. On-site supervision is not required under this scheme, but agency staff must be available to youth 24 hours per day.

At the time of the interview, DCFS reported serving 76 clients. Probation also reported serving 5 clients through the THPP, though it is likely that they are included in the DCFS total.<sup>5</sup> Of the 76 clients served, 46 (60%) are 17 years of age, while 30 (40%) are 18 years of age. Program staff did note that occasionally a participant reaches the age of 19 while still in the program.<sup>6</sup>

The 76 clients participating in the Transitional Housing Placement Program represented 0.05% of the total number of clients served by DCFS.

#### **b. Services Provided**

The Transitional Housing Placement Program offers an array of supportive services to enable the youth to transition successfully to life in the community upon emancipation. Youth participating in this program receive thirteen services, six of which are provided

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<sup>5</sup> The Department of Children and Family Services reported that their total number served in the program, 76, did include Probation youth, but could not confirm the duplicated numbers.

<sup>6</sup> Youth may be over 18 years of age if they satisfy the requirements of the Welfare and Institutions Code, Section 11403.



by DCFS staff. Services provided directly by DCFS staff are clothing, case management, counseling, employment services, food/meals, and transportation.

Three other county departments — DPSS, DHS, and DMH — provide three other services. DPSS assist youth in receiving public benefits, such as Food Stamps, General Relief, or CalWORKs. Health related/home health services are provided by DHS, while DMH offers mental health treatment.

Contracted nonprofit organizations provide the following ten supportive services: clothing, case management, counseling, education/instruction, food/meals, housing placement assistance, legal services, life skills training, and transportation assistance.

### **c. Funding Sources**

The Transitional Housing Placement Program is funded through Social Security Title IV E, redirected Aid for Families with Dependent Children/Foster Care (AFDC-FC) funding. Since its inception, the California Department of Social Services has been the state agency responsible for issuing these funds to the County of Los Angeles. At the local level, DCFS is responsible for administering the program.

On average, a total of \$2,000 per month per youth is allocated to cover housing, utilities, telephone, food, and the above-mentioned services. On the whole, there is approximately \$420,000 available from DCFS each year for this program. Funding can only be used for transitional housing (7 months to 2 years), but there is flexibility in that contracted housing and service providers can use this funding to finance operating and/or supportive services costs, with no limits reported for either activity. DCFS reported no match requirements to access this funding.

## **E. Housing Programs Serving Emancipated Foster Youth (ages 18 to 21)**

### **1. Bridges to Independence Transitional Housing Program**

The Bridges to Independence Transitional Housing Program (THP) is the largest transitional housing resource for emancipated foster youth in the County of Los Angeles. It serves youth, ages 18 to 21, who have emancipated from the county's foster care or probation systems. Like THPP, the primary focus of the THP is to stabilize youth, especially those emancipated foster youth who are at risk of homelessness upon emancipation, with affordable rental housing combined with the necessary life skills to achieve self-sufficiency. The THP also seeks to assist these youth in avoiding dependence on public benefits and in avoiding behaviors that would involve them in (if not return to) the criminal justice system.

Though DCFS had made efforts in the early 1990's to offer support services for emancipating foster youth (i.e., basic living skills curriculum), the housing needs of youth were generally not addressed. In 1992, DCFS applied for and received its first HUD grant to serve homeless emancipated foster youth. The Bridges to Independence Transitional Housing Program was created to address the alarming rate of

homelessness and economic dependency experienced by the nearly 1,000 youth who age of out of foster care in Los Angeles each year.<sup>7</sup>

Program youth reside in multi-unit apartment buildings and scattered-site, furnished units with paid utilities. Since the program is designed to serve youth who are not ready to live independently, live-in supervision is provided at most sites and DCFS case workers are available to deliver appropriate supportive services. All THP participants must set aside 25% of their earnings each month, to be deposited into a trust fund account. This money is then held in trust until the youth graduates from the program, at which point it is returned in total. Typically, these savings are enough for first month's rent and/or security deposits for permanent housing.

#### **a. Housing Type**

The Bridges to Independence Transitional Housing Program has a maximum stay of eighteen months, with month to month extensions in special cases. The average stay in the program was reported to be twelve months, and thus the program is categorized as transitional housing.

DCFS reported that 195<sup>8</sup> youth were participating in the THP, but it has a capacity to serve 283 youth. DCFS noted that 26 of the THP clients are teen mothers, one of the eight special needs populations recognized by the Special Needs Housing Alliance. The 195 clients in the THP represented 0.12% of the total number of clients served by DCFS.

#### **b. Services Provided**

The Bridges to Independence Transitional Housing Program provides fourteen supportive services.

DCFS provides twelve supportive services offered in the Transitional Housing Program, as follows: case management; counseling; education/instruction; employment services; food/meals; assistance to secure medical coverage; life skills training; transportation assistance (bus passes or tokens); move-in assistance; first and last month's rental assistance, if necessary; parenting classes for teen mothers; and cultural enrichment activities. Additionally, youth receive \$200 per month in food vouchers. Youth who are parents receive an additional \$50 for food per month and, if needed, up to \$350 in childcare assistance.

The only other county department delivering services to THP youth is DMH, which provides mental health treatment.

Education/instruction is also provided by one nonprofit organization. On occasion, representatives from the community visit program sites to provide information on life skills topics such as money management, tax preparation, career planning, and assistance with legal issues.

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<sup>7</sup> Susan Kellam, "An Unfinished Bridge to Independence," p.17.

<sup>8</sup> The total population served was actually 223, including adult youth and minor children of teen mothers and youth at the Santa Monica and Richstone-Hawthorne site.

### **c. Funding Sources**

The THP is funded through two federal funding programs — the HUD Supportive Housing Program (SHP) and the Independent Living Program. For FY 2001-2002, a total of \$4,696,419 was available in program funding, with approximately 95% of its funding coming from the Supportive Housing Program.

#### **i. Independent Living Program**

The Bridges to Independence Transitional Housing Program received ILP funding in FY 2001-2002. The U.S. Department of Health and Human Services (HHS) Administration on Children, Youth, and Families (ACYF) allocates these funds to the State DSS, then subsequently to DCFS for local administration. The amount of ILP funds available to the THP for FY 2001-2002 was \$222,000. This funding was designated to offset leasing expenses. There are no match requirements to access ILP funding, though the County has opted to provide ILP funds as the local match for its SHP grants.

#### **ii. Supportive Housing Program**

The Bridges to Independence THP is also funded through eleven SHP grants; the first was received in 1992. For FY 2001-2002, SHP grants provided \$4,474,419 in funding as follows: \$219,734 for rehabilitation costs; \$1,349,640 for leasing costs (rental assistance); \$771,734 for operating expenses; and \$1,911,311 for supportive service costs.

Funding for capital, operating, and supportive services must be matched by the project sponsor. SHP funding for acquisition, rehabilitation, and new construction must be matched with an equal amount of cash; operating funds must be matched with at least 25% of the total operating budget; and supportive services funds must be matched with at least 20% of the total supportive services budget for the project.

### **2. ILP Emergency Shelter Program**

The ILP Emergency Shelter program provides overnight stays in residential facilities for homeless emancipated foster youth, and is accompanied with a range of supportive services to assist these youth to access longer-term living arrangements.<sup>9</sup> The program is operated by private nonprofit organizations, which are able to design their program and services to target youth with certain special needs, such as mental illness. At a minimum, program clients must be emancipated foster youth ages 18 to 21.

#### **a. Housing Type**

The program is categorized as temporary housing since its duration of stay ranges from one night to a maximum of six months.

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<sup>9</sup> This program, like the ILP Transitional Housing and ILP Housing Search and Assistance programs, is a collaborative effort between DCFS, Probation, CDC, and LAHSA, which is responsible for the procurement, contracting, and monitoring of local community-based organizations that operate the program.

The program offers emergency shelter for twelve emancipated foster youth, all of whom are reported to have a mental illness.

ILP Emergency Shelter program clients represented 0.01% of the total number of clients served by LAHSA.

#### **b. Services Provided**

The ILP Emergency Shelter program includes services designed to meet the crisis needs of homeless emancipated foster youth. These services must include assistance in accessing appropriate longer-term, stable living arrangements, such as transitional or permanent housing.

The program offers fourteen supportive services provided through private nonprofit organizations. These services include benefits assistance, case management, clothing, education/instruction, employment services, food/meals, health related/home health, HIV/AIDS services, housing placement assistance, ILP services/aftercare, life skills training, mental health treatment, substance abuse treatment, and transportation assistance.

#### **c. Funding Sources**

Funding for the program is made available through the Independent Living Program, authorized by the John H. Chafee Foster Care Independence Act of 1999. Each year, these funds are allocated to the U.S. Department of Health and Human Services, Administration for Children and Families, in turn distributed to states, and ultimately to counties for local administration. In this instance, DCFS, as the administrative agency authorized to receive ILP funding, disburses program funding to the CDC, which in turn disburses these funds to LAHSA for program implementation.

A total of \$129,010 has been allocated to the ILP Emergency Shelter program for FY 2002-2003. This funding is available to DCFS on July 1 each year, and can support programs providing emergency shelter, temporary and/or transitional housing. However, program funding is limited to the operating expenses directly related to housing the target population in emergency shelters. The department did not indicate a match requirement to access ILP funding.

### **3. ILP Housing Search and Assistance Program**

The ILP Housing Search and Assistance program provides the following levels of support for emancipated foster youth in Los Angeles County: to identify quality, affordable, and appropriate market rental housing; to assist them to access appropriate housing; to assist agencies in accessing this housing on behalf of the youth; and to conduct outreach and build relationships with property managers and owners. The goal of this program is to expand the availability of market rental housing for emancipated foster youth by identifying rental units, developing relationships with owners or managers of rental units, assisting with lease negotiation, and assisting with resolving landlord/tenant issues. Currently, the program is operated through contracts with two private nonprofit organizations.

#### **a. Housing Type**

Since this program is limited to housing placement assistance services for youth to obtain permanent housing, it cannot be categorized as one particular housing type.

The department was not able to identify the specific number of youth who are currently receiving housing search and assistance services, in large part because the program was recently initiated. Nevertheless, all assisted youth must meet applicable definitions of emancipated foster youth.

#### **b. Services Provided**

The program leaves some flexibility for contractors to provide services directly, or through arrangements with other county departments. At this time, the department noted that only one service, housing placement assistance, is provided directly by the two program contractors.

#### **c. Funding Sources**

Funding for the ILP Housing Search and Resource Assistance program is provided with federal Independent Living Program funds. Each July, DCFS receives ILP funding from the state, on behalf of Los Angeles County, to provide housing and supportive services to emancipated foster youth. DCFS has partnered with the CDC and LAHSA to implement the program. The CDC acts as the fiscal and administrative agent, while LAHSA is responsible for the procurement, contracting, and monitoring of the program's providers. At present, a total of \$184,394 has been allocated for FY 2002-2003 to the two contracted housing placement service agencies. ILP funding can be used for the emergency shelter, temporary and/or transitional housing types, with no reported match requirement for the county to access these monies.

### **4. ILP Special Needs Housing Program**

The ILP Special Needs Housing program provides housing to emancipated foster youth transitioning from the DCFS, Probation, and/or Mental Health systems. The program targets youth with mental health issues, substance addictions, or other unique situations, and includes a range of housing types, from congregate care or dedicated apartment facilities to scattered-site housing with supportive services. DCFS has contracted with two private nonprofit organizations to provide transitional housing to emancipated

#### **a. Housing Type**

The ILP Special Needs Housing program is categorized as transitional housing.

Currently, there are 38 youth participating in the ILP Special Needs Housing program, all of which are reported to have a mental illness.

These 38 youth represented 0.07% of the total number of clients served by DCFS each year.

### **b. Services Provided**

Participating youth are provided with twelve supportive services, of which five are provided by county departments. DCFS provides benefits assistance, case management, and ILP services/aftercare.

Two other county departments provide two services to program youth. CSS provides employment services while DMH provides mental health treatment.

The remainder of services are provided by private nonprofit organizations, including clothing, counseling, education/instruction, employment services, food/meals, housing placement assistance, and life skills training.

### **c. Funding Sources**

Collectively, these two housing providers receive \$1,467,960 in annual ILP funding to offset operating expenses. This funding is part of the \$16 million in ILP funding administered annually in Los Angeles County, through the partnership of DCFS, CDC, and LAHSA, of which 30% is used for housing-related expenses. ILP funding is available to DCFS each July 1, and can be used to support costs associated with emergency shelter, temporary and/or transitional housing. No match requirement was reported for the department to access ILP funding.

## **5. ILP Transitional Housing Program**

The ILP Transitional Housing program provides housing to emancipated foster youth while they develop independent living skills and prepare to enter permanent housing. The program targets emancipated foster youth who seek a structured environment in order to have support and guidance in developing additional independent living, becoming self-sufficient, and moving to permanent housing. Similar to the ILP Emergency Shelter program, this program contracts with private nonprofit organizations to provide the housing as well as supportive services.

As the program administrator, LAHSA has prioritized programs that accept and serve the following characteristics and needs of emancipated foster youth: pregnant and/or parenting; mental health; substance abuse; and lesbian, gay, bi-sexual and transgender emancipated foster youth.

### **a. Housing Type**

The program provides transitional housing in which emancipated foster youth may live for at least six months and up to two years, depending on the client's needs and level of independence. Therefore, the program is categorized as transitional housing. Programs may be designed to exceed the two-year maximum under certain circumstances.

Currently, the ILP Transitional Housing program provides housing for 140 emancipated foster youth. LAHSA reported that, of this total number, 103 clients also have a mental illness. The total number of program clients represented 0.16% of the total number of clients served by LAHSA.

## **b. Services Provided**

Services are designed to meet the general and special needs of emancipated foster youth. Specifically, they serve to assist in the development and improvement of independent living skills and economic self-sufficiency, and access to appropriate permanent housing arrangements. The department also encourages providers to incorporate a harm reduction model in their program design.

The program provides fifteen supportive services through private nonprofit organizations. These services include benefits assistance, case management, clothing, counseling, education/instruction, employment services, food/meals, health related/home health, HIV/AIDS services, housing placement assistance, ILP services/aftercare, life skills training, mental health treatment, substance abuse treatment, and transportation assistance.

## **c. Funding Sources**

This program is fully financed with Independent Living Program funding. These funds originate with HHS, and are received by the county annually from the state. As the county department authorized to administer ILP funding, DCFS disburses these funds to the CDC and ultimately LAHSA for program implementation. As part of the 30% of ILP funding available for the provision of housing, a total of \$1,661,928 has been allocated for FY 2002-2003 for the ILP Transitional Housing program. ILP "housing funds" can support emergency shelter, temporary and/or transitional housing programs. In this instance, program funding is limited to the operating expenses incurred by the provider for housing the emancipated foster youth.

## **6. Room and Board Assistance Program**

The Room and Board Assistance Program is limited to rental assistance and relies on coordination between the Probation Department and the Department of Children and Family Services. The program aims to facilitate the transition to self-sufficiency by providing financial support to offset the transitioning youth's housing, food, and other necessary living expenses.

Room and Board assistance includes time-limited assistance toward rent or dormitory expenses, campus housing, food, utility deposits and charges, moving expenses, and basic household items. Assistance can also include emergency rent and food subsidies to homeless youth or youth at risk of homelessness.

To be eligible to receive Room and Board assistance, the transitioning youth must be an ILP-eligible emancipated youth between the ages of 18 and 21, with a need for housing assistance that is documented in the youth's Transitional Independent Living Plan (TILP).<sup>10</sup> The program is also available to youth who are not eligible for the Bridges to

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<sup>10</sup> Youth eligibility is based on the youth's physical and/or mental ability to benefit from services. Any youth between the ages of 16 and 21 who is currently in foster care or has been in foster care as a dependent youth (DCFS) or ward of the court (Probation) is eligible. This includes all youth whose case was terminated after his/her 16<sup>th</sup> birthday, including youth who were adopted, returned home to guardians/parents, and those living with relatives (i.e., Kin-GAP).

Independence Transitional Housing Program, such as many Probation youth. Finally, the program is open to youth that may be eligible for the THP program or other community-based transitional housing programs, but whose housing needs cannot be met in these programs. This includes youth who are in college or employed outside the County of Los Angeles needing temporary assistance with rent or food, as well as youth on waiting lists for transitional housing programs.

Referrals for room and board assistance can be accepted from numerous sources, such as: DCFS; Probation; ILP; Alumni Resource Center coordinators; caregivers; court services staff; Family Foster Agency / group home providers; and youth advocates.

#### **a. Housing Type**

The Room and Board Assistance program is identified as a temporary housing program since it offers room and board assistance for a maximum of six months.

The Room and Board Assistance program is housed administratively in DCFS, though referrals for assistance come from sources both within and outside of the department. Within DCFS, two divisions of the department — Independent Living Program and the Alumni Resource Center — process requests for assistance from DCFS and Probation youth<sup>11</sup>. The Probation Department often has difficulty placing youth in the THP due to the demand for “high functioning” youth and the independent nature of that program. The Room and Board Assistance program, however, allows for more flexibility with a wider array of living arrangements, and therefore offers a more feasible form of housing support for Probation youth.

For the month of August 2002, DCFS reported serving a total of 114 youth with room and board assistance. Of this total, Independent Living Program requests numbered 83, while the number of requests for assistance processed through ARC was 31. The 114 youth receiving Room and Board assistance represented 0.07% of the total number of clients served by DCFS.

#### **b. Services Provided**

Sixteen supportive services, provided by Probation, DCFS, other county departments, and private nonprofit organizations, accompany the Room and Board Assistance program.

Probation offers clothing, food and meal vouchers, transportation (bus passes), ILP services, and tuition expenses. DCFS provides clothing, case management, counseling,

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<sup>11</sup> The DCFS Alumni Resource Center (ARC), established in 1998, serves to equip emancipated foster youth with the skills and resources to become self-sufficient. ARC services are extended to any youth that has emancipated from out-of-home care after his/her 18<sup>th</sup> birthday. The services may be offered up to the age of 21. ARC offers both Independent Living Program follow-up support services and acts as a drop-in resource center for computer access and specialized training classes.



employment services<sup>12</sup>, food/meals, housing placement assistance, and transportation (both public and private) to participants in the program.

Other county departments provide a total of five services: DPSS provides benefits assistance and employment services; DHS provides health related/home health services<sup>13</sup>; LACOE provides life skills training; and DMH offers mental health treatment.

Private nonprofit organizations deliver eleven supportive services to those receiving room and board assistance. These services include clothing (vouchers), case management, child care/children's services<sup>14</sup>, counseling, employment services, food/meals, housing placement assistance, legal services, life skills training, mental health treatment, and transportation assistance.

### **c. Funding Sources**

The Room and Board Assistance program is financed with ILP funding. In FY 2001-2002, a total of \$1,054,080 was available for Room and Board assistance. These funds are available to DCFS on July 1, and can only be used for rental assistance.

### **F. Housing Programs Serving the Frail Elderly**

No special needs housing programs were reported to target the frail elderly. Only one special needs housing program in the county, the Adult Protective Services Emergency Shelter Program, reported serving this population, though it is not discussed here since it serves multiple populations. For more information about this program, please refer to Section III.K.1.

### **G. Housing Programs Serving Persons Living with HIV/AIDS**

The County of Los Angeles administers nine special needs housing programs that specifically target persons living with HIV/AIDS (PLWH/A). The Department of Health Services Office of AIDS Programs and Policy (OAPP) administers all but one of these county programs. The eight OAPP-administered programs receive a portion of funding through the federal Ryan White Comprehensive AIDS Resources Emergency (CARE) Act.<sup>15</sup>

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<sup>12</sup> Employment services include work-related costs such as job placement and retention training, clothing, tools, professional/union dues, vocational and educational assessments, and costs incurred in the job interview process.

<sup>13</sup> As part of eligibility for ILP services, participating youth are reimbursed for health services costs (physical and/or mental) that are not funded by Medi-Cal and beyond the financial means of the emancipated youth. Included are costs for classes or services related to parenting skills, nutrition, drug/alcohol use, etc.

<sup>14</sup> Includes funding for caring for children of the emancipated youth, including: food, clothing, bedding, diapers, childcare, and infant furniture.

<sup>15</sup> The CARE Act of 1990 authorized grants for the development, coordination, and operation of effective and cost efficient services to people infected with the HIV disease or AIDS. Since 1991, Los Angeles County has received over \$350 million in CARE Act Title I funding. In addition to Title I funding, Los Angeles County also receives Title II funds awarded directly to the state and allocated to the county.

Housing programs for PWAs are also funded through the HUD Housing Opportunities for Persons with AIDS (HOPWA) Program. The HOPWA program is a countywide program administered by the City of Los Angeles Housing Department (LAHD). The HOPWA program provides a range of funding to support capital activities, rental assistance/leasing, operating activities, and supportive service costs associated with HIV/AIDS housing.

## **1. Adult Residential Facilities**

The Adult Residential Facility (ARF) is a licensed residential facility (non-institutional, home-like environment) that provides twenty-four hour non-medical care and supervision to adults with symptomatic HIV disease or AIDS. OAPP defines “care and supervision” as the ongoing assistance with activities of daily living without which a resident’s physical health, mental health, safety, or welfare would be endangered. The ARF must be licensed as such by the California Department of Social Services Community Care Licensing Division.

Persons served through this program include homeless individuals, or those at risk of becoming homeless who have been diagnosed as having symptomatic HIV disease or AIDS and who reside within Los Angeles County. Potential clients are referred to ARF providers by county health facilities, other public or private health facilities, contracted case management agencies, or self-referral.

### **a. Housing Type**

There is no maximum length of stay for ARF clients. However, the program is not a form of permanent housing, so this program is categorized as transitional housing. There are twenty-six clients being served through Adult Residential Facilities. These clients represent 0.14% of the total number of clients being served by OAPP.

Other than persons living with HIV/AIDS, no special needs populations were reported being served in the program.

### **b. Services Provided**

This is a service-rich program due to the indigent nature of the client population. A total of sixteen supportive services are provided to ARF residents, including those delivered by OAPP, other county departments, and private nonprofit organizations.

DHS provides clients with health related/home health services.

DPSS provides benefits assistance while DMH provides counseling and mental health treatment to program residents.

Private nonprofit organizations provide all of the supportive services offered through the program. These include benefits assistance, clothing, case management, child care/children’s services, counseling, education/instruction, employment services, food/meals, health related/home health, HIV/AIDS services, housing placement

assistance, life skills training, mental health treatment, substance abuse treatment, transportation assistance, and recreational activities.

### **c. Funding Sources**

Adult Residential Facilities are funded through two sources — CARE Act Title I funding and Net County Costs. A total of \$964,232 is available annually for this program.

#### **i. CARE Act Title I**

CARE Act Title I funding represents \$310,544 per year, available from HRSA on March 1. OAPP has designated this funding solely for the purpose of supporting ARFs. Funds can only be used to support operating and/or supportive service costs. As part of the county's maintenance of effort (MOE) requirement, OAPP is obligated to match CARE Act Title I funding.

#### **ii. Net County Costs**

The County of Los Angeles Board of Supervisors has also authorized county general fund dollars, or Net County Costs, to supplement CARE Act Title I funding and ensure adequate funding for the program. Net County Costs account for \$653,688 per year, available to OAPP on July 1, the beginning of the county fiscal year. Like CARE Act Title I funding, these funds have also been designated for transitional housing, to support the program's operating and/or supportive service expenses. The Net County Costs are the source of local match for the federal CARE Act Title I funds.

## **2. Congregate Living Health Facilities (CLHF)**

Congregate Living Health Facilities (CLHF) provide twenty-four hour inpatient care, in a licensed residential home (non-institutional, home-like environment), to persons with symptomatic HIV disease or AIDS, residing in Los Angeles County. Services provided to CLHF inpatients include all of the following basic services for persons who have a diagnosis of terminal illness, a diagnosis of a life-threatening illness, or both: residential services, medical supervision, twenty-four hour skilled nursing and supportive care, pharmacy, dietary, and social/recreational services.<sup>16</sup> The CLHF must be currently licensed as such by the California Department of Health Services. Moreover, the provider must be certified as a hospice provider and its CLHF must be certified as a nursing facility in order to comply with Medicare and Medi-Cal regulations.

### **a. Housing Type**

Though there are no regulations as to the length of time that a CLHF resident can receive care and supervision (due to their condition), this program was identified as transitional housing because of the limited duration.

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<sup>16</sup> OAPP defines terminal illness as a life expectancy of six months or less. A life-threatening illness is one that can lead to a possible termination of life within five years or less.

Congregate Living Health Facilities currently serve 25 clients, representing 0.13% of the total number of clients served by OAPP.

Outside of persons living with HIV / AIDS, no additional special needs populations were reported.

#### **b. Services Provided**

County residents receiving inpatient care from CLHF providers receive a range of fifteen supportive services during their stay, provided by DHS, DPSS, and private nonprofit organizations.

DHS provides dental care, while DPSS provides benefits assistance.

Private nonprofit organizations offer all thirteen of the program's supportive services, including benefits assistance, clothing, case management, counseling, education / instruction, food / meals, health related / home health, HIV / AIDS services, housing placement assistance, legal services, mental health treatment, transportation assistance (bus tokens), social and recreational activities, and eye care.

#### **c. Funding Sources**

The Congregate Living Health Facility Program is financed with CARE Act Title I funds and Net County Costs, totaling \$1,741,742 in annual program funding.

##### **i. CARE Act Title I**

CARE Act Title I funding accounts for \$391,724 per year, available to OAPP on March 1. This allocation is specific to the CLHF program and can only be used to finance the operating and supportive service expenses of the program. Matching funds are required for the county to access CARE Act Title I funding, as part of the MOE requirement.

##### **ii. Net County Costs**

Net County Costs have also been authorized by the Board of Supervisors to finance the county's CLHFs. The Board has designated an annual allocation of \$1,350,018 toward this program, available to OAPP on July 1. Like HRSA funding, Net County Costs have been designated solely for this type of facility, with only operating and supportive service costs considered eligible activities. Net County Costs provide a source of local match revenue to satisfy the county's MOE requirement.

### **3. HIV/AIDS Substance Abuse Inpatient Detoxification Services**

HIV / AIDS substance abuse inpatient detoxification services medically assist a person suffering from chemical dependency in the process of physiological removal of the noxious or intoxicating chemicals on which he / she is dependent. Services are provided within a facility licensed and approved by the California Department of Health Services

as a Chemical Dependency Recovery Hospital in accordance with current federal and state standards.

Persons served through this program are indigent persons residing within Los Angeles County, diagnosed with HIV disease or AIDS, and who are chemically dependent.

#### **a. Housing Type**

Participants in this program are allowed to reside in the facility a maximum of ten days. Accordingly, substance abuse inpatient detoxification services are categorized as emergency shelter.

Seven clients are served through substance abuse inpatient detoxification services. These seven clients represented 0.04% of the total number of clients served by OAPP.

No additional special needs populations were reported outside of the HIV / AIDS population.

#### **b. Services Provided**

HIV / AIDS Substance Abuse Inpatient Detoxification Services offer an array of twelve supportive services, provided by DHS, other county departments, and private nonprofit organizations.

DHS delivers four services, including health related / home health services, HIV / AIDS services, dental care, and eye care.

DPSS assists clients with public benefits, while DMH provides counseling and mental health treatment.

Private nonprofit organizations provide nine supportive services to program clients. These services include benefits assistance, case management, counseling, food / meals, HIV / AIDS services, housing placement assistance, mental health treatment (referrals), substance abuse treatment, and transportation assistance.

#### **c. Funding Sources**

The HIV / AIDS Substance Abuse Inpatient Detoxification Services is funded with CARE Act Title I funding. \$533,318 in annual funding is available from HRSA on March 1 to OAPP to administer this program. Funds are designated solely for the use of emergency shelter, and can only be used for operating and supportive service costs.

### **4. HIV/AIDS Substance Abuse Residential Rehabilitation Services**

HIV / AIDS substance abuse residential rehabilitation services are those provided in a twenty-four hour residential setting within a structured program comprised of no less than six hours of planned treatment activities per day under the supervision of trained staff. This program is designed to assist individuals to achieve and maintain a lifestyle free of substance abuse. These services must be provided within a facility licensed by

the California Department of Alcohol and Drug Programs (DADP) as an Adult Residential Alcoholism or Drug Abuse Recovery or Treatment Facility. Furthermore, the facility must be certified by DADP to provide Residential Drug Services and be in accordance with current federal, state, and county standards for substance abuse residential rehabilitation program services.

HIV / AIDS substance abuse residential rehabilitation services are provided to indigent persons residing in Los Angeles County, diagnosed with HIV or AIDS, who require a structured, controlled, treatment environment because of the severity of the impairment caused by their substance abuse.

#### **a. Housing Type**

Though most residents participate in the program for less than six months, the maximum length of stay is eighteen months. Therefore, this program is categorized as transitional housing.

Forty-five and one-half (45.5) clients are provided with HIV / AIDS substance abuse residential rehabilitation services. These clients represented 0.24% of the total number of clients served by OAPP.

Outside of persons living with HIV / AIDS, no additional special needs populations were reported.

#### **b. Services Provided**

HIV / AIDS Substance Abuse Residential Rehabilitation Services offer twelve supportive services, provided by DHS, other county departments, and private nonprofit organizations.

DHS delivers four services, including health related / home health services, HIV / AIDS services, dental care, and eye care.

DPSS assists clients with public benefits, while DMH provides counseling and mental health treatment.

Private nonprofit organizations provide nine supportive services to program clients. These services include benefits assistance, case management, counseling, food / meals, HIV / AIDS services, housing placement assistance, mental health treatment (referrals), substance abuse treatment, and transportation assistance.

#### **c. Funding Sources**

HIV / AIDS Substance Abuse Residential Rehabilitation Services are fully financed through CARE Act Title I funding, available March 1. OAPP has designated \$1,529,754 for the purpose of providing substance abuse residential rehabilitation services. Only operating and supportive service costs are eligible activities.

## **5. HIV/AIDS Substance Abuse Transitional Housing**

HIV / AIDS substance abuse transitional housing is interim (temporary) housing for persons who are in recovery from substance abuse. This program is designed to facilitate the ongoing recovery from substance abuse impairment, so that the client can move toward more independent and permanent housing. It is mandatory that these services are provided within a facility that is licensed by the DADP as an Adult Residential Alcoholism or Drug Abuse Recovery or Treatment Facility. Furthermore, the facility must be certified by DADP to provide Residential Drug Services and be in accordance with current federal, state, and county standards for substance abuse transitional housing services.

The program targets indigent, homeless (or at risk) persons residing in Los Angeles County, diagnosed with HIV or AIDS, and who require a transitional housing program to assist them in continuing their recovery from substance abuse before moving into permanent and traditional housing. Incoming clients are required to have successfully completed a substance abuse detoxification and/or rehabilitation program.

### **a. Housing Type**

Since the program limits residency to a maximum of four months, it is categorized as temporary housing.

Currently, the HIV / AIDS Substance Abuse Transitional Housing Program serves 19 clients. This figure represents 0.10% of the total number of unduplicated clients served by OAPP.

Aside from persons living with HIV / AIDS, no additional special needs populations were reported.

### **b. Services Provided**

HIV / AIDS Substance Abuse Transitional Housing includes twelve supportive services, provided by DHS, other county departments, and private nonprofit organizations.

DHS delivers four services, including health related/home health services, HIV / AIDS services, dental care, and eye care.

DPSS assists clients with public benefits, while DMH provides counseling and mental health treatment.

Private nonprofit organizations provide nine supportive services to program clients. These services include benefits assistance, case management, counseling, food / meals, HIV / AIDS services, housing placement assistance, mental health treatment (referrals), substance abuse treatment, and transportation assistance.

### **c. Funding Sources**

HIV / AIDS Substance Abuse Transitional Housing is fully financed with CARE Act Title I funding, available March 1. OAPP has designated \$178,181 specifically for substance abuse transitional housing, to offset operating and supportive service costs.

## **6. HOPWA Tenant-based Rental Assistance**

The HOPWA program provides funding to four Los Angeles area housing authorities for tenant-based rental assistance to persons living with HIV / AIDS and their families. The Housing Authority of the County of Los Angeles (HACoLA) has administered the HOPWA Tenant-based Rental Assistance program since 1993, helping to secure long-term, safe, decent, and sanitary housing for the county's HIV / AIDS population.

The program represents a unique collaboration between the HOPWA and Section 8 program, whereby very low-income persons living with HIV / AIDS and their families are provided with 12 months of rental assistance (up to 85% of the total unit rent). While HOPWA funds are utilized for only the first year of tenant-based rental assistance, program participants continue to receive rental assistance through the Section 8 program. In effect, HOPWA clients, after receiving HOPWA tenant-based rental assistance for 12 months, are "rolled-over" into the Section 8 program for as long as they are eligible and require such assistance.

The program operates in the same way as the Section 8 Housing Choice Voucher program, and also provides supportive services to program participants. Currently, HACoLA contracts with three private nonprofit organizations for referrals and supportive services, in addition to guiding these agencies in conducting outreach and intake services, preparing applications for HOPWA assistance, and implementing program requirements.

### **a. Housing Type**

The department reported serving 44 clients under the HOPWA Tenant-based Rental Assistance program. All of these clients were identified as persons living with HIV / AIDS. As a source of long-term rental assistance, the program is categorized as permanent housing.

These clients represented 0.01% of the total number of clients served by the CDC/HACoLA.

### **b. Services Provided**

The HOPWA Tenant-based Rental Assistance offers eleven supportive services, provided through the CDC/HACoLA and private nonprofit organizations.

The CDC/HACoLA provides two supportive services, including housing placement services and move-in assistance (e.g., security deposits).



Private nonprofit organizations provide nine supportive services, including case management, counseling, education/instruction, food/meals, health related/home health, HIV/AIDS services, legal services, mental health treatment, and transportation assistance.

### **c. Funding Sources**

The HOPWA Tenant-based Rental Assistance program is fully financed with federal HOPWA resources, allocated via formula each year to the Los Angeles-Long Beach metropolitan statistical area. As the administrative entity authorized to receive HOPWA funding, the Los Angeles Housing Department receives annual allocations from HUD, and has partnered with HACoLA to operate this rental assistance component. Program funding is available to the county on July 1 each year, totaling \$1,200,000 for FY 2002-2003. HOPWA resources are flexible and can support several housing-related expenditures, including capital, rental assistance, operating, and supportive services, though the above amount of program funding has been earmarked for rental assistance purposes. The county is not obligated to provide a match to access HOPWA funds.

## **7. Residential Care Facility for the Chronically Ill**

A Residential Care Facility for the Chronically Ill (RCF-CI) provides twenty-four hour care and supervision to adults, family units, and/or emancipated minors who have symptomatic HIV disease or AIDS. Services are provided in a licensed residential care facility (non-institutional, home-like environment) with a maximum capacity of fifty residents. Care and supervision means the ongoing assistance with activities of daily living without which a resident's physical health, mental health, safety, or welfare would be endangered. The RCF-CI must be licensed as such by the California DSS Community Care Licensing Division.

Persons served through these facilities are indigent individuals who reside in Los Angeles County. OAPP defines a family unit as one adult parent or guardian and one or more of that parent or guardian's minor children, in which at least one member has symptomatic HIV disease or AIDS. Persons who require twenty-four hour skilled nursing intervention are not eligible for RCF-CI services.

### **a. Housing Type**

The RCF-CI is categorized as transitional housing. Although there is no maximum length of stay, the program does not function as permanent housing.

The Office of AIDS Programs and Policy served 96.5 clients through the RCF-CI program, representing 0.50% of the total number of unduplicated clients served by OAPP.

Outside of persons living with HIV/AIDS, no additional special needs populations were reported.

## **b. Services Provided**

Due to clients requiring twenty-four hour care and supervision, RCF-CIs offer an array of supportive services to program clients. OAPP, other county departments, and private nonprofit organizations provide sixteen supportive services to RCF-CI residents.

Only health related /home health services are provided by DHS.

DPSS provides benefits assistance, while DMH provides counseling and mental health treatment to program residents.

Private nonprofit organizations provide all of the supportive services offered through the program. These services include benefits assistance, clothing, case management, child care/children's services, counseling, education/instruction, employment services, food/meals, health related/home health, HIV/AIDS services, housing placement assistance, life skills training, mental health treatment, substance abuse treatment, transportation assistance, and recreational activities.

## **c. Funding Sources**

Residential Care Facilities for the Chronically Ill are funded through three sources: CARE Act Title I, CARE Act Title II, and Net County Costs. The total amount of funding for RCF-CIs is \$4,139,645.

### **i. CARE Act Title I**

CARE Act Title I funding represents \$844,731 per year, available on March 1 from HRSA. OAPP has designated this funding solely for RCF-CIs. Funds can only be used to support operating and/or supportive service expenses.

### **ii. CARE Act Title II**

CARE Act Title II funding represents \$65,941 per year, available to OAPP April 1. Funds are designated solely for the program's operating and supportive service costs. The county is obligated to match these dollars with contributions from other sources, in this case, Net County Costs (see below), as part of its MOE requirement.

### **iii. Net County Costs**

The Board of Supervisors has also authorized county general fund dollars, or Net County Costs, to supplement CARE Act Title I and II funding and ensure adequate funding for the program. Net County Costs account for \$3,228,973 per year, available to OAPP on July 1. Like the HRSA funding, these funds are also designated to support operating and/or supportive service expenses. Net County Costs act as a source of local match funding, enabling the county to access federal CARE Act Title I and II funds.

## **8. Residential Emergency Housing Program**

The Residential Emergency Housing Program provides emergency shelter to HIV+ persons who have no form of housing and require immediate placement. Participants may be homeless due to a loss of public benefits (e.g., General Relief), discharge from a hospital or prison with no place to go, or eviction from other housing. The program offers housing for approximately one night to four weeks, to stabilize clients so that they can seek more permanent housing. This form of housing may be provided in a Single Room Occupancy (SRO) hotel or through nightly vouchers. Currently, there are two nonprofit housing providers under contract to provide emergency shelter to program clients.

The following PWA populations were identified as being in great need of emergency housing services: homeless persons, persons with tuberculosis, persons with a dual-diagnosis, persons with a mental illness, substance abusers, families with children, and the post-incarcerated.

### **a. Housing Type**

Since the Residential Emergency Housing Program establishes a maximum length of stay of one month, the program is categorized as emergency shelter.

OAPP reported serving 10.5 clients through the Residential Emergency Housing Program, all of whom were indigent, homeless, and HIV+. These clients represented 0.06% of the total number of clients served by OAPP.

Outside of persons living with HIV / AIDS, no additional special needs populations were reported.

### **b. Services Provided**

The Residential Emergency Housing Program offers eleven supportive services to its participants. Services are provided by OAPP, other County departments, and private nonprofit organizations.

OAPP, through DHS, provides four services to program clients: HIV / AIDS services, mental health treatment, dental care, and eye care.

DPSS provides benefits assistance while DMH provides counseling and mental health treatment.

Private nonprofit organizations provide eight supportive services, including benefits assistance, case management, food / meals, HIV / AIDS services, housing placement assistance, mental health treatment (referrals), substance abuse treatment (referrals), and transportation assistance (bus tokens).

### **c. Funding Sources**

The Residential Emergency Housing Program is fully financed with CARE Act Title I funding. At present, a total of \$126,983 has been allocated per year to two contracted housing providers. These funds are available to OAPP on March 1 each year and have been designated solely for the provision of emergency housing. OAPP noted that only capital costs are ineligible; rental assistance, operating, and supportive services costs are all eligible activities under this program. As a recipient of CARE Act Title I funding, the County of Los Angeles is obligated to provide matching funds as a maintenance of effort requirement.

## **9. Residential Transitional Housing Program**

By assessing the client's needs, and providing counseling and case management, the Residential Transitional Housing Program is designed to facilitate the client's movement toward permanent housing. The program does permit multiple types of housing, including single room occupancy units or an independent living facility. Presently, there are four nonprofit housing providers under contract to provide transitional housing to PWAs.

### **a. Housing Type**

Since the length of stay ranges between two and four months, this program is categorized as temporary housing.<sup>17</sup>

Currently, there are twenty-six clients served through OAPP's Residential Transitional Housing Program. This figure represented 0.14% of the total number of clients served by OAPP.

Outside of persons living with HIV / AIDS, no additional special needs populations were reported in this program.

### **b. Services Provided**

The Residential Transitional Housing Program offers a total of twelve supportive services, provided by OAPP, other county departments, and private nonprofit organizations.

OAPP, through DHS, delivers four services directly, including health related / home health services, mental health treatment, eye care, and dental care.

DPSS assists PWAs with public benefits, while DMH provides counseling and mental health treatment.

Private nonprofit organizations provide eight supportive services, including benefits assistance, case management, food / meals, HIV / AIDS services, housing placement

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<sup>17</sup> Even though the program is labeled transitional housing, according to the Alliance's definition this program is considered temporary housing.

assistance, mental health treatment (referrals), substance abuse treatment (referrals), and transportation assistance (bus tokens).

### **c. Funding Sources**

The Residential Transitional Housing Program is fully financed with CARE Act Title I funding. For the 2002-2003 program year (3/1/02 - 2/28/03), a total of \$286,647 was available to fund the four housing providers under contract. Beginning March 1 each year, HRSA makes these funds available to OAPP, which OAPP has dedicated solely for the provision of temporary housing. Funding can be used to support operating and supportive service activities.

## **H. Housing Programs Serving Persons with Mental Illness**

Along with the County of Los Angeles, the City of Los Angeles, through its housing authority, also administers housing programs that serve special needs populations. These housing programs include the Section 8 Aftercare Program, the Section 8 Homeless Program, and the Shelter Plus Care Program.

### **1. AB 2034 Program**

Signed into California law by Governor Davis on September 17, 2000, AB 2034 expanded the AB 34 (Steinberg) Program and built on its success<sup>18</sup>. The program provides comprehensive services to mentally ill persons who are homeless, recently released from county jail or state prison, or others who are untreated, unstable and at a significant risk of incarceration or homelessness unless treatment is provided to them. AB 2034 provides funding to thirty-four county authorities across the State of California, including Los Angeles County. In addition to increasing the number of jurisdictions participating in the program, AB 2034 added specific sub-population groups (with a special emphasis on serving veterans; transition age youth, ages 18 to 25; and women with children) and service standards to the bill's predecessor. Part of these changes required that service planning and delivery include provisions for housing for clients that are immediate, transitional, and/or permanent.

The primary focus of the AB 2034 Program is integrated outreach to the target population in either jail or the streets and "wrap around" intensive case-management and services to forestall recidivism, chronic and episodic homelessness, and hospitalization. The program achieves this goal by developing a comprehensive and coordinated system of care for mentally ill persons, to reduce the symptoms that impair their ability to live and work independently.

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<sup>18</sup> In October 1999, the governor approved AB 34 with an initial budget of \$10 million. The State Department of Mental Health selected Los Angeles County, Sacramento County, and Stanislaus County to administer the demonstration project through a Request for Information process. The projects were to demonstrate that with intensive outreach to the jail and homeless populations, the hardest to reach mentally ill would be provided with more services, including housing, resulting in decreased recidivism, homelessness, and psychiatric hospitalization. In Los Angeles, twelve agencies were selected to implement and demonstrate program success by May 1, 2000. Most of the selected agencies were primarily "mental health" providers. Only two of the twelve selected agencies were primarily "homeless" providers.

The AB 2034 Program also provides funding to supplement existing housing resources for the target population. Clients are linked to an array of housing types, ranging from emergency shelter to permanent housing. Funds allocated for housing are only expended when all other client resources are exhausted. In addition to money specifically designated for housing, AB 2034 clients may receive assistance with personal and incidental expenses, including rent and utility deposits (i.e., electricity, gas, water), moving expenses, repair of housing damages paid by the client, and other costs related to eviction prevention. The program acknowledges that such expenditures are generally required to obtain and maintain permanent housing.

On September 5, 2000, the LACDMH released a Request for Information (RFI) to DMH contract agencies that were providing specialty homeless services, Adult Targeted Case Management, and/or PARTNERS/ISA services to high utilizers of mental health services, including homeless individuals. Based on the results of the RFI, AB 2034 services are currently provided by sixteen contract agencies throughout Los Angeles County and by DMH in the Twin Towers Facility of the Los Angeles County Jail. Each contract agency has developed networks within their community with local law enforcement and social service agencies, substance abuse treatment programs, parole and probation officers, health care and housing providers, and inpatient psychiatric facilities.

#### **a. Housing Type**

As stated earlier, AB 2034 provides housing throughout the continuum to program participants. As of June 2002, a total of 42 (2.6%) clients were living in emergency shelter; 5 (0.3%) clients in temporary housing; 114 (7.2%) clients in transitional housing; and 1,132 clients (71.2%) in permanent housing. The remaining 297 program clients (18.7%) were either still homeless (receiving contact through outreach), incarcerated, or hospitalized.

One of the key goals of the AB 2034 Program is establishing permanent housing.<sup>19</sup> On average, the allocation for housing/ personal and incidental needs is \$2,700 per client annually.

As of June 2002, the AB 2034 Program had enrolled 1,590 clients. This figure represents 0.88% of the total number of clients being served by DMH. Although the program targets mentally ill persons, other subpopulations were reported among the client group as follows: 147 (9.2%) clients were victims of domestic violence; 78 (4.9%) clients were emancipated foster youth (ages 18 to 21); 22 (1.4%) clients had developmental disabilities; 21 (1.3%) were persons living with HIV/ AIDS; 17 (1.1%) clients were frail elderly; and 7 (0.4%) were teen mothers.

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<sup>19</sup> Program guidelines define permanent housing as an apartment or house, SRO, adult residential care facility, boarding house, motel or hotel rented by the month, and sober living/ recovery homes and transitional residential facilities with an anticipated stay of a year or more.

## **b. Services Provided**

AB 2034 clients are offered services under a philosophy that promotes integration into the community. It is not enough for contracted providers to simply refer a client to a clinic or job training program. Instead, clients are immersed into mainstream society with plenty of social and personal support. They are encouraged to take classes, attend social events, and forge relationships that will increase their self-sufficiency and quality of life. In essence, the philosophy embraces a client's strengths and what he / she can do, rather than focusing on a client's shortcomings.

The program provides participants with an array of fifteen community-based supportive services, including the capacity for crisis intervention 24 hours per day, seven days per week. Services are not provided by DMH, but through other county departments and private nonprofit organizations.

Eight supportive services are provided through six other county departments. DPSS provides benefits assistance; DCFS offers child care / children's services and life skills training; LACOE provides education / instruction; CSS provides employment services; DHS provides health related / home health services and substance abuse treatment; and HACoLA provides rental assistance.

Clients are also provided ten services through private nonprofit organizations. These services include benefits assistance and advocacy, clothing, case management, counseling, employment services, food / meals, housing placement assistance, legal services, life skills training, and transportation assistance (bus tokens).

## **c. Funding Sources**

Funding for AB 2034 has been appropriated in the state budget for three years beginning in FY 2000-2001. The state allocated \$18,255,000 in AB 2034 Program funding to DMH to provide services to homeless mentally ill persons, including those at risk of involvement in the criminal justice system.

These funds are available to DMH on July 1 each year. These funds are flexible, and can be used to support a range of housing types, including emergency shelter, temporary housing, transitional housing, and permanent housing.

Since the state placed no specifications on which activities (e.g., capital costs) are eligible for funding, only upon the number of clients to be served annually, the county has opted to dedicate roughly 70% (\$12,859,873) of the funding toward supportive services expenses. Of the remainder, DMH allocated approximately 21% (\$3,753,647) of the funding toward housing / personal and incidental expenses, including capital, rental assistance, operating, food, clothing, vocational, and transportation costs. The remaining 9% (\$1,641,480) account for the department's administrative costs and the DMH-operated AB 2034 Program in Twin Towers. No match requirements were identified for the department to access this funding.

## **2. Section 8 Aftercare Program (City of Los Angeles)**

The Section 8 Aftercare Program is one of the many Section 8 programs in Los Angeles County that strive to increase a family's residential freedom and stability by providing safe, decent, affordable housing to eligible families. In this case, the assistance is a rental subsidy in the form of housing assistance payments (HAPs) to private landlords. Eligible families with a certificate or voucher find and lease a unit and pay a reasonable rent — generally 30% of household income. The public housing authority pays the owner the remaining rent, capped by the Fair Market Rent (FMR), which is determined annually by HUD. The Housing Authority of the City of Los Angeles (HACLA) administers the Section 8 Program for the City of Los Angeles, the second largest Section 8 program in the country.

The Section 8 Aftercare Program provides affordable housing to persons with disabilities that are participating in on-going programs of rehabilitation, education, or receiving supportive services related to their disability. Currently, there are three nonprofit agencies — St. Joseph Center, Hillview Mental Health, and DMH — under contract to HACLA to refer applicants to the Section 8 Aftercare Program for rental assistance.

### **a. Housing Type**

DMH has referred 116 clients to the Section 8 Aftercare Program. According to HACLA, however, only 80% to 90% of those referred by DMH actually received rental assistance. Therefore, approximately 100 DMH clients are being served with Section 8 Aftercare rental assistance. Four (4%) of these clients were reported to be frail elderly.

The 100 clients served through the Section 8 Aftercare Program represented 0.06% of the total number of clients served by DMH.

### **b. Services Provided**

A total of fourteen services are provided in conjunction with the Section 8 Aftercare Program. The Department of Mental Health, other county departments, and private nonprofit organizations provide services to program participants.

DMH offers case management, child care/children's services, counseling, employment services, housing placement assistance, life skills training, mental health treatment, and substance abuse treatment.

Other county departments provide a total of four services. DPSS provides benefits assistance; LACOE provides education/instruction; CSS provides employment services; and DHS provides health related/home health services.

Private nonprofit organizations deliver eight supportive services to DMH Section 8 Aftercare Program clients. These services include benefits assistance, clothing, education/instruction, food/meals, HIV/AIDS services, housing placement assistance, and substance abuse treatment.



### **c. Funding Sources**

The Section 8 Aftercare Program, like all Section 8 programs, is funded by HUD. Since the program allows for the client to pay a reasonable portion of his/her income, the amount available to DMH clients varies year by year and household by household. On average, the HAP is \$500.02 per client per month. Since 100 clients are receiving rental assistance, approximately \$600,024 is available per year. Funds are available to HACLA on July 1, and can only be used for rental assistance for permanent housing units.

### **3. Section 8 Homeless Program (City of Los Angeles)**

The Section 8 Homeless Program was created a decade ago as a collaboration between nonprofit housing and service providers and government agencies to promote local homeless assistance strategies. The program subsidizes permanent affordable housing for homeless persons and families while providing them with access to supportive services to increase self-sufficiency and achieve independence.

The Section 8 Homeless Program targets homeless persons and families living in transitional housing and emergency shelters. The program draws upon the expertise of both HACLA (administration of assisted housing) and nonprofit providers (direct service experience with homeless persons) for success. Currently, HACLA contracts with thirteen nonprofit agencies to provide Section 8 Homeless Program supportive services and referrals. To be eligible for the program, individuals must be homeless, as defined by HUD, and referred by one of the contracted agencies. HACLA then reviews the application to determine the applicant's eligibility.

#### **a. Housing Type**

The Section 8 Homeless Program provides rental assistance to support homeless clients residing in permanent housing. Since July 1, 2002, DMH has referred a total of 51 unduplicated clients to HACLA. Out of these 51 DMH clients, 12 were deemed ineligible for Section 8 rental assistance by HACLA. The remaining 39 DMH clients have yet to locate housing. Therefore, the number of clients served through the HACLA Section 8 Homeless Program is 51.

#### **b. Services Provided**

The Section 8 Homeless Program supports DMH clients with a total of 15 supportive services to bolster clients' self-sufficiency and ability to live independently in permanent housing. Services are provided by DMH, other county departments, and private nonprofit organizations.

DMH provides program participants with seven supportive services, including case management, child care/children's services, counseling, employment services, life skills training, mental health treatment, and substance abuse treatment.

Other county departments deliver seven supportive services. DPSS provides benefits assistance, DCFS provides child care/children's services and life skills training, LACOE

provides education/instruction, CSS provides employment services, and DHS provides health related/home health services and substance abuse treatment.

Private nonprofit organizations deliver a total of seven supportive services, including benefits assistance, clothing, food/meals, HIV/AIDS services, housing placement assistance, legal services, and transportation.

### **c. Funding Sources**

HUD funds the Section 8 Homeless Program. HACLA administers all Section 8 programs on behalf of the City of Los Angeles, and has set aside 100 Section 8 Homeless vouchers for DMH clients. Under DMH's current contract with HACLA to provide supportive services and client referrals for the program, there is \$600,024 available each year for the program.

## **4. Section 8 Homeless Program (County of Los Angeles)**

The Housing Authority of the County of Los Angeles (HACoLA) administers a similar Section 8 Homeless Program to Los Angeles County clients residing outside of the City of Los Angeles. Please refer to Section III.H.3. for more information about the City of Los Angeles Section 8 Homeless Program.

### **a. Housing Type**

As of December 1, 2002, HACoLA reported that a total of 268 active contracts have been referred by DMH under the Section 8 Homeless Program. The 268 clients that are served through this program represent .15% of the total number of clients served by DMH.

### **b. Services Provided**

The county's Section 8 Homeless Program provides clients with a total of sixteen supportive services, drawing upon the service delivery of DMH, other county departments, and private nonprofit organizations.

DMH delivers the following ten services: benefits assistance, case management, counseling, employment services, HIV/AIDS services, housing placement assistance, life skills training, mental health treatment, substance abuse treatment, and transportation assistance.

Other county departments provide a total of seven supportive services to program participants. DCFS provides child care/children's services and life skills training; LACOE provides education/instruction; CSS provides employment services; DPSS provides health related/home health services; and DHS provides health related/home health services and substance abuse treatment.

Private nonprofit organizations provide five services, including benefits assistance, clothing, case management, food/meals, and legal services.

### **c. Funding Sources**

Like HACLA's Section 8 Homeless Program, HACoLA's Section 8 Homeless Program also receives federal funding from HUD. DMH reported that approximately \$1,640,160 in funding is available each year for homeless, mentally ill clients participating in the Section 8 Homeless Program. Funds are generally available to the department on July 1, and can only be used as a rental subsidy for permanent housing rental units. HACoLA reported no match requirements to access Section 8 funds.

### **5. Shelter Plus Care Program (City of Los Angeles)**

The Shelter Plus Care (S+C) Program is one of the HUD Continuum of Care Homeless Assistance Programs.<sup>20</sup> It is designed to provide permanent housing with supportive services to persons who are homeless and disabled.<sup>21</sup> S+C must be administered by a housing authority, though each year the housing authority must submit projects recommended for funding (new and/or renewal) to LAHSA for submission to HUD.

The S+C program allows for a variety of housing situations, including Tenant-Based (TRA), Sponsor-Based (SRA), Project-Based (PRA), and SRO Moderate Rehabilitation Program Rental Assistance (SRO Mod Rehab). TRA provides rental assistance that permits participants to choose their own housing. SRA provides rental assistance through contract(s) between the grant recipient and nonprofit organization(s), called a project sponsor. PRA provides rental assistance through a contract with a building owner(s). SRO-based rental assistance is provided in an existing or reconfigured single room occupancy setting.

In the case of a homeless family, at least one adult member must be considered disabled. Persons with serious mental illness, chronic alcohol and/or other drug abuse,

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<sup>20</sup> The Continuum of Care is an approach that helps communities plan for and provide a full range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons. The purpose of the Continuum of Care Homeless Assistance Program is to fund projects that meet the needs of housing and service demands in locally developed Continuum of Care systems to assist homeless persons to move to self-sufficiency and permanent housing. HUD has defined the Continuum of Care as a system of homeless services with four basic components: (1) a system of outreach and assessment; (2) emergency shelters with appropriate services; (3) transitional housing with appropriate supportive services; and (4) permanent housing or permanent supportive housing. Each year, the Los Angeles Homeless Services Authority submits a "consolidated application" to HUD for homeless assistance on behalf of all jurisdictions and agencies in the City and County of Los Angeles that wish to participate. Three cities in Los Angeles County — Glendale, Long Beach, and Pasadena — have opted to develop their own Continuum of Care plans and establish their own homeless assistance priorities and strategies.

<sup>21</sup> HUD considers a person to be homeless when he/she resides in the one of the following: places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings; in an emergency shelter; in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter; any of the places mentioned above, but is spending a short time (up to 30 days) in an institution or a hospital; is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; is being discharged from an institution (i.e., mental health or substance abuse facility or jail/prison) in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and he/she lacks the resources and support networks to obtain housing (if the State does not have a plan requiring housing as part of their discharge policy); or is fleeing a domestic violence situation.

and/or AIDS or related diseases are all specifically targeted by the S+C program. Moreover, disabilities do not have to be solely physical or mental in nature; the disability may also be developmental.

#### **a. Housing Type**

Due to rental assistance ranging from five to ten years, and clients living independently during their participation in the program, HUD considers S+C assistance to be a form of permanent housing.

DMH has two current S+C grants with HACLA. DMH's S+C programs serve 55 homeless persons with mental illness, representing 0.03% of the total number of clients served by DMH.

#### **b. Services Provided**

Through DMH's two S+C grants, a total of sixteen services are provided to participants through the efforts of their department, other county departments, and private nonprofit organizations.

DMH provides case management, child care/ children's services, counseling, employment services, housing placement assistance, life skills training, mental health treatment, and substance abuse treatment.

Other county departments provide seven supportive services. DPSS provides benefits assistance; DCFS provides child care/ children's services and life skills training; LACOE provides education/ instruction; CSS provides employment services; and DHS provides health related/ home health services and substance abuse treatment.

Private nonprofit organizations provide eight services as part of DMH's S+C program. These organizations provide benefits assistance, clothing, education/ instruction, food/ meals, health related/ home health services, HIV/ AIDS services, legal services, and transportation assistance.

#### **c. Funding Sources**

The S+C program is federally funded through HUD's Continuum of Care Homeless Assistance Program grants. Though the date and time of year these funds become available are dependent upon HUD's approval of the original grant application, DMH noted that, in general, funds are available April 1.

In 1996, DMH was awarded a grant in the amount of \$1,353,600; a year later, they received a grant in the amount of \$589,380. Given that these are five-year grants, the respective yearly grant amounts are \$270,720 ('96 grant) and \$117,876 ('97 grant). In total, therefore, there is \$388,596 available each year to the department for S+C assistance.

Similar to many other federal programs, the S+C Program has a match requirement. The project sponsor must provide supportive services in an amount at least equal in

value to the rental assistance provided during the term of the grant. This ensures that appropriate and timely services will be available to meet the needs of individual participants.

The only regulatory constraint expressed by program staff was that the S+C program is limited to persons who are homeless and disabled.

## **6. Shelter Plus Care (County of Los Angeles)**

DMH also participates in the S+C program administered by the Housing Authority of the County of Los Angeles (HACoLA). For more information about the S+C program, please refer to Section III.H.5.

### **a. Housing Type**

DMH's S+C program targets persons who are homeless and mentally ill, providing them with permanent housing linked with appropriate supportive services. At the time of the interview, the department reported serving 47 unduplicated clients through the program. These clients represented 0.03% of the total number of clients served by DMH.

### **b. Services Provided**

The program offers participants thirteen supportive services provided by DMH, other county departments, and private nonprofit organizations.

DMH provides benefits assistance, case management, child care/children's services, employment services, HIV / AIDS services, housing placement assistance, life skills training, mental health treatment, and substance abuse treatment.

Other county departments provide seven services. DCFS offers child care/children's services and life skills training; LACOE provides education/instruction; CSS provides employment services; DPSS provides health related/home health services; and DHS provides health related/home health services, HIV / AIDS services, and substance abuse treatment.

Private nonprofit organizations deliver a total of five supportive services, including benefits assistance, clothing, case management, food/meals, and life skills training.

### **c. Funding Sources**

DMH is the project sponsor for three S+C grants through HACLA. Since all three grants are for five years, the total amount of funding available for the three five-year grant periods is \$1,651,860. Annually, the program receives \$330,372. The first grant, funded in 1996, includes \$81,120 per year in federal funding; the second grant, funded in 1997, includes \$88,332 per year in federal funding; and the third grant funded in 1998, includes \$160,920 per year. The only eligible activity for S+C funding is rental assistance for permanent housing units.

DMH must provide supportive services in an amount at least equal to the rental assistance provided during the term of the grant. This ensures that appropriate and timely services will be available to meet the needs of the individual participants.

## **7. Specialized Shelter Bed Program**

The Specialized Shelter Bed Program was created to address the growing number of homeless mentally ill adults and families in need of temporary shelter in Los Angeles County, many of whom are chronically mentally ill and substance abusers with no other refuge. Without some form of emergency housing, many of these individuals end up in the county's emergency rooms, hospitals, and jails.

On November 23, 2001, DMH issued a Request for Information to shelters and residential facilities in Los Angeles County and neighboring areas for the provision of temporary shelter and services for mentally ill homeless adults and/or families of mentally ill adults. Subsequently, nine contractors from four Supervisorial Districts (1, 2, 3, and 5) were recommended for funding by DMH and awarded contracts for Fiscal Year 2002-2003, with two automatic one-year renewals for Fiscal Years 2003-2004 and 2004-2005.

### **a. Housing Type**

The Specialized Shelter Bed Program, administered by DMH, is an emergency shelter program that targets persons who are mentally ill and homeless.

The total number of clients served through this program was 524, representing 0.29% of the total number of clients served by DMH.

### **b. Services Provided**

Fifteen supportive services are provided to clients participating in the Specialized Shelter Bed Program. DMH, other county departments, and private nonprofit organizations deliver these services.

DMH provides benefits assistance, case management, counseling, employment services, housing placement assistance, life skills training, mental health treatment, and substance abuse treatment.

Other county departments provide eight supportive services. DPSS provides benefits assistance and health related/home health services. DCFS provides child care/children's services and education/instruction. DHS provides counseling, HIV/AIDS services, and substance abuse treatment. HACoLA provides housing placement assistance.

Private nonprofit organizations provide clothing, child care/children's services, HIV/AIDS services, legal services, and transportation assistance.

### **c. Funding Sources**

The Specialized Shelter Bed Program is funded through the County of Los Angeles General Fund, contingent upon the approval of the Board of Supervisors. The Board has designated the DMH as the local agency responsible for administering this program.

Approximately \$825,000 is available per year for this program. These funds become available to DMH July 1 each year, and can be used to fund emergency shelter (0-30 days) or temporary housing (1-6 months). Funding for the program is to be used exclusively for shelter operations. DMH reported no match requirements to access this funding.

### **I. Housing Programs Serving Teen Mothers**

None of the departments reported operating or administering special needs housing programs that target teen mothers. For information on programs that serve this population, please refer to the following programs: *Bridges to Independence Transitional Housing Program, AB 2034, CalWORKs Homeless Assistance Program – Temporary, and the CalWORKs Homeless Assistance Program – Permanent.*

### **J. Housing Programs Targeting Multiple Special Needs Populations**

#### **1. City of Industry Fund Special Needs Housing Program**

Enacted in 1992, SB 1718 authorized and required the Industry Urban Development Agency to dedicate 20% of all tax increment revenue derived from its redevelopment areas to the Housing Authority of the County of Los Angeles for the development of low and moderate income housing. Two years later, HACoLA's Board of Commissioners adopted an administrative plan that set aside 50% of the redevelopment funds for the development of housing to address the needs of five special needs populations: persons with mental illness, emancipated foster youth, persons living with HIV / AIDS, victims of domestic violence, and persons with developmental disabilities. On June 12, 1998, the Board of Commissioners adopted the Industry Allocation Distribution Plan. Since its inception, the program has been housed administratively within the Housing Authority of the County of Los Angeles, part of the CDC.

The City of Industry Fund Special Needs Housing Program is designed to fund the capital costs of developing transitional and permanent rental housing for very low-income special needs populations. Since each special needs population has specific service needs, housing units funded by the program must be linked to supportive services. The program places a strong emphasis on coordination and collaboration, especially with Los Angeles County departments, to encourage and foster a seamless delivery of supportive services. This network often includes the project sponsor, community-based organizations, county departments, and other government agencies.

Assisted transitional housing units are limited to persons with mental illness, persons living with HIV / AIDS, victims of domestic violence, and emancipated foster youth.

Assisted permanent housing units are limited to persons with mental illness, persons living with HIV / AIDS, and persons with developmental disabilities.

#### **a. Housing Type**

The program currently serves 680 special needs clients in 305 housing units.<sup>22</sup> A multitude of special needs populations are represented in this total: 463 (68%) clients are persons living with HIV / AIDS; 90 (13%) clients are victims of domestic violence; 62 (9%) are persons with mental illness; 33 clients (5%) are persons with developmental disabilities; and 32 (5%) clients are emancipated foster youth, ages 18 to 21.

A total of 122 clients (in 46 units) that are served through this program reside in transitional housing, including all the victims of domestic violence and all of the emancipated foster youth.

A total of 558 clients (in 259 units) reside in permanent housing, including all persons with developmental disabilities, all persons living with HIV / AIDS, and all persons with mental illness.

These 680 special needs clients served by the program account for 2.18% of the total number of unduplicated clients served by CDC / HACoLA.

#### **b. Services Provided**

The City of Industry Funds Special Needs Housing Program does not fund the costs of providing supportive services to residents. However, each applicant must demonstrate that it has secured adequate and appropriate funding from other sources (applicant, public, and / or private) for supportive services. Since HACoLA neither funds nor directly delivers supportive services to program participants, and does not monitor their provision after the funding award, they were not able to report on the services that are being provided to the special needs clients in the program. Nevertheless, services are an integral component to the program in that they provide a level of stability and flexibility in an environment where many clients are struggling with life-long and chronic disabilities, including relapse.

As noted earlier, supportive services must be tailored to address the unique needs of each special needs population. On the whole, however, there are some services that are universal to the various housing types and populations offered through the program.

Project sponsors must ensure access, either on-site or off-site, directly or through formal agreements with other agencies, to the following supportive services: crisis counseling, psychosocial support and counseling; food and nutritional counseling; individual and group counseling; support groups; self-esteem classes; social services; substance abuse counseling and treatment; mental health counseling and treatment; health care; medication management; benefits counseling and advocacy; budget counseling; money

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<sup>22</sup> Most projects require that only one person in a household have a special need. Therefore, in units with multiple bedrooms, only one bed is occupied by a special needs client.



management; representative payee; transportation; vocational training; and recreational and social activities.

### **c. Funding Sources**

The City of Industry Special Needs Housing Program is fully financed through the City of Industry Redevelopment Set-Aside Funds. This funding is both issued and administered by HACoLA. Annually, HACoLA makes funding available according to the Industry Allocation Distribution Plan for the development of transitional and permanent housing projects serving designated special needs populations. In the last round, approximately \$5 million was available. In most cases, only capital costs are eligible activities.<sup>23</sup> However, Industry funds can be available for project operating costs if a current operating subsidy has ceased. There are no match requirements for HACoLA to access Industry funds.

## **2. Shelter Plus Care Program**

The Shelter Plus Care program is designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities and their families who are living in places not intended for human habitation or in emergency shelters.<sup>24</sup> The program allows for a variety of housing choices, and a range of supportive services funded by other sources, in response to the needs of the hard-to-reach homeless population with disabilities. Both HACLA and HACoLA administer their own S+C programs. This section does not include HACLA's S+C Program for persons with mental illness. For more information about the S+C Program, please refer to Sections III.H.5. and III.H.6.

### **a. Housing Type**

The S+C program administered by HACoLA serves a total of 175 clients, 73 of which are recognized as special needs clients by the Alliance.<sup>25</sup> The 73 clients served in the county's S+C Program represented less than 0.01% of the total number of clients served by the department (CDC/HACoLA). Currently, the program serves 7 victims of domestic violence with substance abuse addictions, 10 persons living with HIV / AIDS, and 56 persons with serious mental illness. All program participants reside in permanent housing.

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<sup>23</sup> Industry funds are available for the following capital expenditures: predevelopment costs; acquisition only; acquisition with rehabilitation (not for projects that are identified by HUD as "at risk"); rehabilitation without acquisition; new construction, including soft costs and hard costs; and permanent financing.

<sup>24</sup> There are several disabilities targeted by the Shelter Plus Care Program. These targeted disabilities include serious mental illness, chronic alcohol and/or other drug abuse, AIDS or related diseases, and developmental disabilities.

<sup>25</sup> While chronic alcohol and/or drug abusers meet the federal definition of disabled, they are not one of the special needs populations identified by the Special Needs Housing Alliance.

## **b. Services Provided**

Supportive services must be available to meet the needs of the participants and facilitate the transition to self-sufficiency and permanent housing. These services may be provided by the applicant, funded by the applicant but provided by a third party, or both funded and provided by a third party.

The county's S+C Program provides residents with nine supportive services provided by HACoLA staff, other county departments, and private nonprofit organizations.

HACoLA staff provides case management services.

DMH provides case management and mental health treatment.

Private nonprofit organizations provide eight services, including clothing, case management, child care/children's services, counseling, education/instruction, employment services, health related/home health services, and life skills training.

## **c. Funding Sources**

Similar to all Continuum of Care programs, funding for the S+C program is awarded through HUD's Continuum of Care Homeless Assistance Program. HACoLA administers the program on behalf of the County of Los Angeles, and depending on interested applicants, participates in the annual Continuum of Care funding competition coordinated by LAHSA. HACoLA reported that \$2,253,623 is available per year for the program.<sup>26</sup>

Rental assistance is the only eligible activity under the S+C Program. These funds cover the operating costs of the housing, excluding the costs of services. In addition to rent and utilities, "rental assistance" includes up to one month's rent, security deposits and damage payments, and the cost of administering the housing assistance.<sup>27</sup>

The S+C Program does have a match requirement. The project sponsor must provide supportive services in an amount at least equal to the rental assistance provided during the term of the grant.

## **3. Supportive Housing Program – Permanent Housing**

The HUD Supportive Housing Program (SHP) fosters the development of supportive housing and services that help homeless persons transition from homelessness to independent living. Each project submitted under SHP must be classified as one of the following program components: transitional housing, permanent housing for persons with disabilities, supportive services only, Safe Haven, or innovative supportive housing.

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<sup>26</sup> This amount does not include funding from the three HACoLA S+C grants sponsored by DMH.

<sup>27</sup> Administration of the housing assistance includes processing rental payments to landlords, certifying participant income, inspecting units for compliance with housing quality standards, and receiving participants into the program. The costs must be paid out of the original grant amount. No additional funds are provided to administer the housing assistance.

Supportive Housing Program projects must serve homeless persons. Persons who are at risk of becoming homeless or who are “doubled up” are not eligible to receive SHP funding. The permanent housing component of the SHP may only serve persons who are homeless and disabled. The disability may be physical, mental (including developmental or emotional impairment), or an impairment due solely to alcohol or drug abuse. Persons living with HIV / AIDS are also considered disabled for the purposes of the SHP.

The permanent housing for persons with disabilities program component is long-term housing, designed to provide a supportive living environment that promotes and maximizes residential stability and self-sufficiency.

#### **a. Housing Type**

According to LAHSA, a total of 649 persons are served through the Supportive Housing Program – Permanent Housing (SHP-PH) component. This represents approximately 11% of the total number of clients / beds served by LAHSA.

Four special needs populations are included in the client total, though LAHSA reported only percentages of special needs clients served through the program. Out of the 649 persons served through the SHP-PH, 90% are persons with mental illness; 29% are persons living with HIV / AIDS; 4% are victims of domestic violence with substance addictions; and 1% are persons with developmental disabilities.<sup>28</sup>

#### **b. Services Provided**

Housing providers are encouraged to assist residents to locate appropriate services, including services offered by the housing provider, and may require that every resident accept appropriate services. To the extent possible, HUD asks providers to develop housing programs that do not require participation in specific services as part of tenancy requirements.

The program offers six supportive services to clients residing in permanent housing. Services are provided to program participants by other county departments and private nonprofit organizations.

Four other county departments provide a total of five services. DPSS provides benefits assistance; DHS provides HIV / AIDS services and substance abuse treatment; DMH provides mental health treatment; and DCFS provides life skills training.

Private nonprofit organizations provide clients with two services: case management and life skills training.

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<sup>28</sup> In addition to these four special needs populations, LAHSA reported serving three other populations — persons with alcohol addictions, persons with drug addictions, and persons with physical disabilities — considered disabled by HUD. Persons with drug addictions represented 35% of the total number served; persons with alcohol addictions represented 14% of the total number served; and persons with physical disabilities represented 8% of the total number served. Percentages do not add up to 100% since some clients were reported under more than one population.

### **c. Funding Sources**

Like all Continuum of Care Homeless Assistance Program Grants, the Supportive Housing Program is funded by HUD. LAHSA administers the SHP-PH grants for participating jurisdictions in the County of Los Angeles.

In FY 2001-2002, HUD awarded LAHSA a total of \$7,234,484 for the provision of permanent housing and supportive services under the SHP-PH. These funds are available to LAHSA during April, and have been allocated for the sole purpose of financing permanent housing developments for persons who are homeless and disabled. Though the program establishes no maximum amounts allowable for operating and supportive service expenditures, applicants seeking funds for acquisition, new construction, or rehabilitation may request up to \$400,000 for the combined capital activities.

The Supportive Housing Program does require funded projects to match HUD funds with actual cash resources (from the applicant, federal government, state and local governments, or private sources). SHP funds provided for acquisition, rehabilitation, and new construction must be matched by the recipient with an equal amount of funds from other sources. In addition, any applicant requesting SHP funds for operating costs for supportive housing must provide a cash contribution of at least 25% of the total operating costs. Any applicant requesting SHP funds for supportive service activities must provide a cash contribution of at least 20% of the total supportive service costs.

LAHSA staff reported two regulatory constraints that do not allow their agency to use the funds to the maximum extent possible. First, funds may not be used for emergency housing. Second, funds may not be used to fund permanent housing for non-disabled persons.

## **K. General Housing Programs**

### **1. Adult Protective Services Emergency Shelter Program**

Signed into law in September 1998, SB 2199 authorized county Adult Protective Services (APS) programs to provide emergency shelter to guarantee a safe place for seniors and dependent adults to stay until the endangering elements in their homes could be resolved. Previous experiences had proven that in Los Angeles County, the majority of APS clients in need of emergency shelter are those who must have care and/or supervision in order to be safe.

The county implemented SB 2199 by contracting with a number of state-licensed Residential Care Facilities for the Elderly (RCF-E) and Adult Residential Facilities located throughout the County. These facilities are available to provide emergency shelter services for APS clients who are temporarily in need of emergency shelter and whose impairments are appropriate for the level of care and supervision provided in such facilities. At present, the program is housed administratively with the Department of Community and Senior Services.

The APS Emergency Shelter Program serves elder dependent adults who are reported to be victims of abuse, neglect, self-neglect, or financial exploitation and are unable to protect their own interests. The emergency shelter facilities are similar to Board and Care facilities. On average, a facility is reimbursed \$32-\$75 per night of shelter provision.

#### **a. Housing Type**

Since the program's duration of stay is limited to thirty (30) days, the program is categorized as emergency shelter.

At the time of the interview, the APS Emergency Shelter Program was serving 156 clients, comprising persons facing recent eviction, the homeless, and victims of domestic violence. CSS was unable to quantify the number of clients they serve as a department, so it was not possible to determine the percentage of total clients served by the department that are served through the APS Emergency Shelter Program. Of the 156 clients served through the program, 56 were persons with developmental disabilities, 96 were frail elderly, and 4 were persons with mental illness.

#### **b. Services Provided**

The program offers residents with supportive services (e.g., emergency food and transportation vouchers) largely through service contracts with 24 community-based care management agencies.

The APS Emergency Shelter Program provides residents with thirteen supportive services to help them cope with their frailty and neglect, and facilitate their movement toward stability and self-sufficiency. Program services are delivered by CSS program staff, other county departments, and private nonprofit organizations.

CSS delivers a total of five services, including benefits assistance, clothing, case management, counseling, and transportation assistance (taxi coupons).

Interdepartmental agreements have been established with the District Attorney's Office and the County Departments of Mental Health, Health Services, and Consumer Affairs to provide specialized multidisciplinary services. These include court forensic services, accelerated probate conservatorship petition processing, in-home mental health assessments, hospital and community-based health services, and fraud prevention services.<sup>29</sup> These agencies also provide follow-up services requested and authorized by the APS worker.

Other county departments provide five services to program participants. DPSS provides benefits assistance and case management, DHS provides health related /home health services and substance abuse treatment, and DMH provides mental health treatment.

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<sup>29</sup> County of Los Angeles Department of Community and Senior Services, *Strategic Plan 2001-2003*, p.9.

Private nonprofit organizations provide ten of the program's services, including benefits assistance (through case management services), case management, counseling, education/instruction, food/meals, housing placement assistance, legal services, life skills training, mental health treatment, and transportation assistance.

### **c. Funding Sources**

The APS Emergency Shelter Program, with an annual cost of \$250,000, is funded from two sources – the State of California General Fund and the county's maintenance of effort. State General Funds provide approximately 92% of the overall funding for the program.

#### **i. County MOE**

County maintenance of effort funding represents the county's financial contribution to the APS Emergency Shelter Program. APS MOE funds account for approximately 8% of the total program cost, or roughly \$20,000 annually, and are allocated from the county's General Fund. Again, the county MOE draws down a certain percent of federal monies.

#### **ii. State General Funds**

The State Department of Social Services issues state General Funds to the county Department of Public Social Services, which allocates them to CSS. A total of \$230,000 is available each year from the state General Fund for CSS to administer the APS Emergency Shelter Program, with the county accessing this funding on July 1. Approximately 75% of the total program costs are funded from the State's APS allocation to Los Angeles County. State General Fund dollars also represent an allocation of County Services Block Grant (CSBG) funding, earmarked as part of the county social service programs, which also draw down a certain percent of federal monies. CSBG funding accounts for 17% of the total funding for the program.

These state General Funds are designated solely for the use of the APS Emergency Shelter Program, and are primarily (95%) used for operating costs; the remainder of the funding supports the provision of supportive services.

## **2. Community Development Commission Funding for Special Needs Housing**

This program is used for capital financing for a variety of programs administered by the Community Development Commission. These funds have been used in the past to target programs serving low-income households, including populations with special needs.

### **a. Housing Type**

CDC reported serving a total of 115 special needs clients in 68 units through this program. These residents represented less than 0.01% of the total number of residents served by the CDC. The 115 residents served in the program come from three special needs population groups. Thirty (26%) residents were persons with developmental

disabilities, residing in 30 units; 46 (40%) were emancipated foster youth (ages 18 to 21), residing in 11 units; and 39 (27%) clients were persons living with HIV / AIDS, residing in 27 units.

Clients served through the program resided in both transitional and permanent housing. All 46 (40%) emancipated foster youth resided in transitional housing. A total of 69 (60%) clients lived in permanent housing, including 30 persons with developmental disabilities and 39 persons living with HIV / AIDS.

#### **b. Services Provided**

There were no services provided in conjunction with this program.

#### **c. Funding Sources**

This program is financed through a variety of funding sources accessible to and administered by the CDC, including bond defeasance, CDBG, condo conversion, HOPWA, tax increment and other funds contained within the CDC budget. Program funding may be utilized to increase the supply of special needs housing on a case by case basis, and has been utilized in the past to fund transitional and permanent housing. Only the capital costs associated with housing development are eligible under this program.

### **3. Downtown Drop-In Center**

The Los Angeles Homeless Services Authority's Downtown Drop-In Center accommodates hundreds of people each day, 24 hours a day, seven days a week. During the transition to self-sufficiency and permanent housing, homeless persons can benefit from outreach and assessment before progressing to emergency and short-term housing with appropriate supportive services. The Center was designed to provide a place of respite for homeless persons to access services. It provides immediate emergency services, including 8-hour respite beds, showers, storage, case management, and counseling, and strives to offer a warm and open atmosphere to encourage homeless people to take advantage of its services.

#### **a. Housing Type**

Due to the very brief amount of time clients can utilize the respite beds (8 hours), the program is categorized as an emergency shelter program.

The Downtown Drop-In Center currently operates 36 respite beds for homeless persons. The 36 clients served at a point in time by the program represented 0.04% of the total number of clients served by LAHSA.

Within this client population, the department reported serving three special needs populations. Persons with mental illness accounted for 8% of the total number of

clients served through the program; persons living with HIV / AIDS represented 3%; and victims of domestic violence accounted for 1%.<sup>30</sup>

## **b. Services Provided**

The Downtown Drop-In Center is operated with the expectation that clients have access to an extensive referral network of housing and services. Based upon their needs, homeless clients can draw upon the Drop-In Center's strong linkages with emergency shelters, transitional housing, permanent housing, medical care, transportation services, mental health services, and domestic violence shelters.

At least two levels of services are available to clients in the Downtown Drop-In Center. Level I services include initial intake and assessment, respite beds, showers, toilets, laundry facilities, short-term storage, secure indoor and outdoor resting areas, transportation, information, and referrals. Level II services include appropriate housing, substance abuse treatment services, medical care, and mental health services. The program operator also assists clients in securing mainstream services from other county departments — DPSS, DMH, DCFS, DHS, and CSS — and other appropriate governmental agencies.

Four other county departments provide five services. DPSS provides benefits assistance, DHS provides HIV / AIDS related services and substance abuse treatment, DCFS offers clients life skills training, and DMH provides mental health treatment.

Level I services are provided by the non-profit operator of the downtown drop-in center who must arrange for the provision of Level II services.

## **c. Funding Sources**

The Downtown Drop-In Center is funded from two distinct funding sources: City of Los Angeles General Funds and the Emergency Shelter Grant (ESG) Program. A total of \$970,959 in funding was available for LAHSA to operate the Downtown Drop-In Center.

### **i. City of Los Angeles General Funds**

City of Los Angeles General Funds are provided to LAHSA for the Downtown Drop-In Center. Each April, the City of Los Angeles makes available close to \$500,000 for the provision of emergency shelter. Funds are typically used for leasing, operations, and supportive services, though LAHSA reported no specific funding levels per eligible activity. LAHSA reported no match requirement for the department to access the City's General Fund.

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<sup>30</sup> More than half of those served at the Downtown Drop-In Center have substance and alcohol addictions, though these populations are not recognized as special needs groups by the Alliance. Fifty-four percent of those served at the Downtown Drop-In Center were reported to have alcohol addictions, while 60% were reported to have substance addictions. Veterans represented 12% of the program's population. The previous percentages did not add up to 100% since some clients have multiple addictions and/or special needs.



## **ii. Emergency Shelter Grant Program**

Emergency Shelter Grant Program funds originate with HUD, are awarded locally to the City of Los Angeles, and in turn, are administered by LAHSA. Approximately \$470,959 in ESG funding is made available each year to LAHSA for the purpose of operating the Downtown Drop-In Center. Funding is available each April, and has been designated solely for the use of emergency shelter.

LAHSA has opted to dedicate no more than 70% of ESG funds for the program's operating expenses, with the remaining 30% for supportive service expenditures. LAHSA reported no match requirement for the department to access City of Los Angeles ESG funding.

## **4. General Relief Emergency Voucher Program**

The General Relief Emergency Voucher Program is designed to provide emergency shelter or housing, in the form of housing vouchers, to individuals applying for assistance through the General Relief (GR) Program.

The GR Program is administered in Los Angeles County by DPSS. During the time of application, clients who are homeless and seeking GR assistance undergo a preliminary screening to determine eligibility for short-term housing assistance through the GR Emergency Voucher Program. If eligible, GR applicants receive nightly vouchers until they are approved for the GR Program and receive the first monthly benefit payment.<sup>31</sup> For each voucher issued (not utilized) to the GR applicant, \$4.53 per night is deducted from the monthly grant of \$221. GR applicants are not required to accept the emergency housing.

DPSS staffs a Vendor Coordinator to maintain an Approved Vendor List of approved emergency housing resources and rates. Homeless GR applicants who seek emergency shelter must accept vacancies within the district office area (in which they have applied) or other areas if no vacancies exist in the local district area.<sup>32</sup> Program regulations mandate that a homeless GR applicant cannot be referred to a mission or other agency that provides shelter unless the district liaison has an agreement with the mission/agency that guarantees that the applicant will have a bed. All emergency aid for housing must be approved by the Eligibility Supervisor.

If a GR applicant is homeless and mentally ill, as determined by DMH co-located staff, they are eligible to receive shelter through DMH's Specialized Shelter Bed Program. For more information on the Specialized Shelter Bed Program, please refer to Section III.H.7.

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<sup>31</sup> In most cases, housing is budgeted as part of the \$221 monthly cash payment.

<sup>32</sup> GR districts designated on the Approved Vendor List must fill all available vacancies in contract facilities designated for their districts before referring homeless GR applicants to their vendor hotels.

### **a. Housing Type**

Homeless GR applicants who are not deemed “unemployable” may be offered emergency aid for housing (up to seven days at a time) until the application is approved, withdrawn, or denied. For homeless “employable” GR applicants, emergency aid for housing may be offered for a period of up to fourteen days to coincide with the return intake appointment date.<sup>33</sup> Due to the limited length of stay, the program is categorized as emergency shelter.

DPSS reported serving 370 GR applicants through the program, including two special needs groups recognized by the Alliance.<sup>34</sup> Fifty percent (185) of the clients were reported to be persons with developmental disabilities. An equal number of clients, 185 (50%), were reported to be persons with mental illness. The 370 clients served through the General Relief Emergency Voucher Program represented 0.02% of the total number of clients served by DPSS.

### **b. Services Provided**

Seven supportive services were provided to GR applicants participating in the GR Emergency Voucher Program. DPSS and other county departments deliver these services.

DPSS provides benefits assistance, food / meals (vouchers), and transportation assistance.<sup>35</sup> For those GR applicants deemed “employable” during eligibility screening and required to participate in the General Relief Opportunities for Work (GROW) Program, DPSS offers employment services (orientation) while the client’s application is being processed.

Three other county departments — DMH, DHS, and CSS — provide three supportive services to program clients. DMH provides mental health treatment, DHS provides substance abuse treatment, and CSS provides domestic violence services to applicants who have reported domestic abuse.

### **c. Funding Sources**

The GR Emergency Voucher Program is funded through the County of Los Angeles General Fund, contingent upon approval of the Board of Supervisors. The Board has designated DPSS as the county department responsible for administering the program.

Approximately \$992,800 is available per year for this program. These funds become available to DPSS on July 1 each year, and can only be used to fund emergency aid for housing. Funding for the program is used exclusively to offset the costs incurred by the

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<sup>33</sup> The 14-day issuance period applies only to the initial issuance. If a subsequent issuance is necessary prior to approval, it is limited to seven days.

<sup>34</sup> DPSS also noted that some clients are likely to be victims of domestic violence and/or emancipated foster youth, but they were unable to confirm the specific number of clients with these special needs.

<sup>35</sup> Transportation is issued for round-trip travel to the emergency housing facility when the one-way distance is one mile or more or the person is unable to walk a mile.

housing provider for sheltering the GR applicant. There is no match requirement for the department to access these county General Funds.

## **5. HOME Investment Partnership Program**

Sponsored by HUD, the HOME Investment Partnership program acts as an integral source for financing affordable housing in Los Angeles County. The HOME program, created under Title II (the HOME Investment Partnership Act) of the National Affordable Housing Act of 1990, represented the first federal initiative for the production of permanent low-income housing since the passage of the low income housing tax credit program in the mid-1980's. The program emerged largely in response to the pervasiveness of excessive rent burdens, homelessness, and deteriorating housing stock nationwide.

HOME funds are allocated to participating jurisdictions by formula: 40% of formula-based funds are divided among the States and the remaining 60% are distributed among cities, urban counties, and consortia. On behalf of Los Angeles County, the Community Development Commission administers the program. Under the HOME program, the county is obligated to prepare a Consolidated Plan containing specific information on how the jurisdiction will expend its HOME allocation for HUD's approval. This document is more than an administrative requirement; it is a foundation upon which the county outlines a comprehensive, sustainable vision for its future by considering how affordable housing strategies (and the use of HOME funds) can reinforce a range of economic development, community development, and social service priorities.

In the County of Los Angeles, HOME funds are awarded competitively throughout the year to proposed developments to finance the "affordability gap" in affordable multifamily rental and for-sale housing developments.<sup>36</sup> These funds are allocated only to developments in the unincorporated county areas, and in 48 cities that participate in the CDC's Urban County Program.<sup>37</sup> Affordable rental developments seeking HOME funds are required to set aside a minimum of 20% of the units for households that earn 50% or less of the area median income (AMI) for the Los Angeles/Long Beach area. For-sale developments proposing to use HOME funds must make all units available to households earning less than 80% AMI.

### **a. Housing Type**

In Los Angeles County, the HOME program serves low-income households (less than 80% AMI), including those with special needs. Currently, the program serves 1,301 residents, including 144 residents with special needs. Special needs clients represented approximately 0.46% of the total number of residents served by the CDC.

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<sup>36</sup> The "affordability gap" is the dollar amount of financing needed when the rental revenues are inadequate to repay a loan(s) needed for the development of housing or when a mortgage amount available to a low-income household is not enough to purchase a house.

<sup>37</sup> Participating cities are those with less than 50,000 in population and are listed in the CDC's Request for Proposals for the HOME Program.

Three special needs populations reside in either transitional or permanent housing. Twenty-six (2%) residents have developmental disabilities; 78 (6%) residents are emancipated foster youth; and 40 (3%) residents are persons living with HIV / AIDS. All of the emancipated foster youth residents reside in 29 transitional housing units. All twenty-six residents with developmental disabilities, in addition to all forty residents with HIV / AIDS, reside in 66 permanent housing units.

### **b. Services Provided**

Since the HOME program funds the development and rehabilitation of housing, and HACoLA does not direct the service providers or the various services that are tailored by the housing provider for the specific clientele, no information about supportive services for clients served under the HOME Program was available.

### **c. Funding Sources**

HOME funds originate with HUD. As the participating jurisdiction for the county, the CDC administers nearly \$13 million in HOME funding each year. These funds are available to support transitional and permanent housing developments. HOME funding can support capital costs, rental assistance activities, and operating expenses.<sup>38</sup> The county must contribute 25 cents for each dollar of HOME funds spent on affordable housing.<sup>39</sup>

CDC staff reported constraints that limit the use of HOME funding. HOME funds may not be used for: 1) assistance to a project previously assisted with HOME funds; 2) projects outside of the unincorporated Los Angeles County and participating City areas; and 3) the rehabilitation of public housing. Staff also noted that HOME funds must be committed within two years of receipt and spent within five years. Finally, 15% of the county's HOME award is reserved for Community Housing Development Organizations (CHDOs).

## **6. Homeless Assistance Program – Temporary**

The primary aim of the Homeless Assistance (HA) Program is to keep families intact and stable. The program provides temporary and permanent housing payments to eligible families, reducing the risk of familial separation and hardship due to homelessness.<sup>40</sup> The program is administered by DPSS.

The HA Program places limitations on those who can receive housing assistance. To be eligible for the Temporary Homeless Assistance Program, a family must meet the

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<sup>38</sup> Operating Reserves may be funded for a maximum of 18 months.

<sup>39</sup> As participating jurisdictions draw down funds from HUD, they incur a match liability, which must be paid off by the end of each year. The matching contribution adds to the resources available for HOME-assisted or HOME-eligible projects.

<sup>40</sup> A family is considered homeless when it physically lacks a fixed and regular nighttime residence, shares a residence with another family or friends on a temporary basis, or resides in a temporary shelter, commercial establishment, or transitional housing. Tenants facing eviction are not necessarily homeless. During an eviction process, the point at which the family meets the definition of "homeless" is when the family has actually vacated the residence.

following requirements: 1) be apparently eligible for CalWORKs<sup>41</sup>, meet the definition of homeless, and have less than \$100 in cash; 2) obtain temporary shelter from a commercial establishment (e.g., hotel or motel) or from a person who has a history of renting properties; and 3) be seeking permanent housing and provide documentation of the search.

Once DPSS deems a client to be eligible, a family is eligible for up to sixteen consecutive days of temporary shelter, and may receive \$40 to \$80 per night, depending on the family size, in increments not to exceed seven days. Eligible families must be provided with Temporary Homeless Assistance on the same day as the request.<sup>42</sup>

#### **a. Housing Type**

Since the Temporary HA Program offers housing payments for up to sixteen consecutive days, the program is classified as emergency shelter.

The Temporary HA Program serves approximately 1,000 homeless CalWORKs families at a point in time. Of these 1,000 homeless CalWORKs participants, DPSS estimated that 400 (40%) were special needs clients, representing 0.02% of the total number of clients served by DPSS. Two hundred (20%) clients were persons with mental illness and 100 (10%) clients were teen mothers. Fifty (5%) Temporary HA Program participants were persons with developmental disabilities and 50 (5%) were victims of domestic violence.

#### **b. Services Provided**

The Temporary Homeless Assistance Program offers program participants six supportive services, provided by DPSS, other county departments, and private nonprofit organizations.

DPSS provides three services directly to program clients, including benefits assistance, clothing, and food / meals.

Other county departments — DMH and DHS — provide two services. DMH provides mental health treatment to clients with mental illness while DHS provides substance abuse treatment.

Private nonprofit organizations provide child care / children's services.

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<sup>41</sup> In California, the federal welfare-to-work initiative that was authorized by the Temporary Assistance to Needy Families (TANF) block grant, is named CalWORKs (California Work Opportunity and Responsibility to Kids).

<sup>42</sup> Homeless Assistance payments are issued once in a lifetime unless the family qualifies for, and verifies one of the following exceptions: whenever a state or federally declared natural disaster is the direct and primary cause of homelessness; or clients become homeless due to (1) domestic violence caused by a spouse, partner, or roommate; (2) the former residence becomes uninhabitable due to sudden and unusual circumstances beyond the families control; or (3) a medically verified physical or mental illness, excluding drug addiction or psychological stress. Even with these exceptions, though, HA payments are limited to one payment within twelve (12) months.

### **c. Funding Sources**

The Temporary Homeless Assistance Program is fully funded with federal Temporary Assistance for Need Families block grant funds, allocated to the State, and administered locally by the Department of Public Social Services. Created by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, the TANF block grant replaced the Aid to Families with Dependent Children (AFDC) Program, which had provided cash benefits to poor families with children since 1935.

Per the final regulations for the TANF program, states and counties may use federal TANF funds to prevent short-term homelessness without triggering the federal 60-month lifetime time limit for assisted families. To facilitate the transition from “welfare-to-work,” the state has allowed the County of Los Angeles to expend TANF funding on housing assistance activities, including the HA Program.

TANF funds originate with the U.S. Department of Health and Human Services, and are distributed to counties via the states. DPSS currently administers \$4,842,312 in federal TANF funding for the purpose of operating the Temporary Homeless Assistance program.<sup>43</sup> Funding is made available to the department on July 1, with the restriction that funding can only support rent payments for emergency shelter.

In order to maintain the shared federal-state responsibility that was built into the AFDC program, states must continue spending at least 75% of their 1994 contribution to AFDC-related programs.<sup>44</sup> In essence, this “maintenance of effort” requirement means states and counties are obligated to provide matching funds to receive TANF funding. DPSS staff did not specify the amount of MOE funds, if any, that are used to offset the costs of the HA Program.

### **7. Homeless Assistance Program - Permanent**

The Permanent Homeless Assistance (HA) Program builds on the Temporary Homeless Assistance Program by providing homeless CalWORKs families with assistance for costs associated with obtaining and maintaining permanent housing. To be eligible for the program, a family must be approved for CalWORKs, meet the definition of homeless (same as Temporary HA), and have less than \$100. Permanent Homeless Assistance is issued only if the family’s share of the rent does not exceed 80% of the Maximum Aid Payment (MAP) for the assisted unit size.

Once eligibility is established, the family may receive payments for move-in costs, such as last month’s rent, key deposits, cleaning fees, etc. However, DPSS staff reported that the payment cannot exceed two times the total rent (rent amount before subsidies), though additional funds can be issued for utility deposits as needed. Recipients of Permanent HA payments must provide verification of the cost of permanent housing within thirty days of the receipt of the payment.

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<sup>43</sup> This funding amount has been annualized, based upon a six month aggregate (January through May 2002) of Temporary HA Program payments.

<sup>44</sup> Martha Coven, *An Introduction to TANF*, Center on Budget Policy and Priorities, February 2002.

### **a. Housing Type**

Since the Permanent HA program subsidizes the costs associated with obtaining and maintaining permanent rental housing units, the program is classified as permanent housing.

Permanent Housing Assistance payments were made on behalf of 715 homeless persons approved for CalWORKs participation. Four special needs populations were served through the program — persons with developmental disabilities, victims of domestic violence, persons with mental illness, and teen mothers — comprising 287 (40%) special needs clients. This total represented approximately 0.01% of the total number of clients served by DPSS.

### **b. Services Provided**

The Permanent Homeless Assistance Program offers program participants the same six supportive services as the Temporary Homeless Assistance Program. For more information about these services and the entities that provide them, refer to Section III.K.6.b.

### **c. Funding Sources**

On an annual basis, DPSS administers approximately \$4,267,296 in federal TANF block grant funding for the Permanent Homeless Assistance Program.<sup>45</sup> This funding, available to the department on July 1, is limited to rental assistance activities for homeless CalWORKs families. The department did not specify the amount, if any, of MOE funds that assist with the operations of the Permanent HA Program.

## **8. Housing Relocation Program**

The Housing Relocation Program is a once in a lifetime program for eligible CalWORKs families who need to relocate so that they can accept a job offer of 20 or more hours per week, or keep an existing job. To be eligible for the program, CalWORKs participants must be working 20 or more hours per week or have an offer of employment of 20 or more hours per week, and be in compliance with GAIN/RITE program requirements. Reasons for hardship could include a commute of one hour or more each way to work, including childcare arrangements and/or lack of public transportation.

Eligible applicants for the Housing Relocation Program need to verify that they are employed or have an offer of employment of 20 or more hours per week that requires them to move in order to start or continue work. Moreover, an applicant must demonstrate that they have located a place to live and that the rent is within 60% of the total available household income.

Housing Relocation Program participants receive a once in lifetime subsidy of up to \$1,500 to pay for moving expenses, such as truck rentals, security deposits (including

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<sup>45</sup> This funding amount has been annualized, based upon a six month aggregate (January through May 2002) of Permanent HA Program payments.

last month's rent if required to move-in), and public utility deposits/costs. If necessary for relocation, an additional \$405 may be issued for the purchase of a stove and/or refrigerator.

#### **a. Housing Type**

Since the program provides move-in and rent assistance, the program is considered permanent housing.

In July 2002, a total of three CalWORKs participants received assistance through the Housing Relocation Program. DPSS staff stated that the program has had low participation since its inception, serving a total of 24 clients since October 2000. The program, therefore, is averaging a little more than one client per month. The department was not able to specify which, if any, special needs populations were represented among the assisted clients.

#### **b. Services Provided**

The Housing Relocation Program is accompanied by four services to further support the client's transition to permanent housing and economic independence. All services were provided by DPSS, including benefits assistance, counseling, housing placement assistance, and transportation assistance (bus passes).

#### **c. Funding Sources**

The Housing Relocation Program is fully funded with TANF block grant funding, awarded by HHS, and distributed through the state to the County of Los Angeles. Each year, DPSS allocates \$200,000 to operate this program. TANF funding becomes available in July, the beginning of the county's fiscal year. These funds have been designated by the Board of Supervisors to be used only for rental assistance activities in support of an eligible CalWORKs participant's relocation to permanent housing. As the case with the HA Program, DPSS did not specify the amount, if any, of MOE funds used to offset the costs of the program.

### **9. Section 8 Homeless Program (County of Los Angeles)**

HACoLA's Section 8 Homeless Program operates through collaborations with community-based organizations and government agencies to support local homeless assistance strategies for the region. The Section 8 Homeless Program is designed to provide permanent affordable housing to homeless persons and families while ensuring them access to supportive services to maintain independent living. Rental assistance is limited to those homeless individuals/families who are deemed eligible for Section 8 and have stayed in a shelter for a minimum of 90 days. For a more in-depth discussion of the Section 8 Homeless Program in the County of Los Angeles, please refer to Section III.H.4.



#### **a. Housing Type**

The Section 8 Homeless program targets persons who are homeless and very low-income. Since all program participants receive assistance to obtain and maintain permanent housing, the Section 8 Homeless Program is categorized as permanent housing.

Currently, the Section 8 Homeless Program administered by HACoLA is serving 597 clients, though HACoLA reported no special needs clients in addition to clients participating in DMH's Section 8 Homeless Program discussed in Section III.H.4.<sup>46</sup>

#### **b. Services Provided**

The program provides the same sixteen supportive services to its participants that were described in Section III.H.4.b.

#### **c. Funding Sources**

The Section 8 Homeless Program is funded through HUD's Section 8 Rental Assistance Program. HACoLA administers the program on behalf of the county. At the time of this report, approximately \$3,653,640 was being made available each year to clients participating in HACoLA's Section 8 Homeless Program. These funds are used exclusively to provide rental assistance for permanent housing units. The department reported no match requirement to access Section 8 Rental Assistance funding.

### **10. Shelter and Services Program – Emergency Shelter**

The Shelter and Services Program provides free, clean, safe and dignified short-term emergency shelter and supportive services to homeless persons throughout the year.<sup>47</sup> With the overall purpose of assisting homeless persons to obtain permanent housing and become self-sufficient, the Shelter and Services Program funds agencies that offer homeless persons emergency shelter, transitional housing and/or supportive services. The program acts as one of the entry points for clients accessing the Continuum of Care in Los Angeles, where homeless clients can address immediate housing and service needs before ultimately progressing to independent living. In order to facilitate this transition, funded projects must include a strong case management component staffed by trained professionals. Both Shelter and Services Program components — emergency shelter and transitional housing — are administered locally by LAHSA.

The Emergency Shelter component includes free temporary shelter and services that are designed to facilitate the movement of homeless individuals and families from sleeping in places not meant for human habitation to appropriate housing.

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<sup>46</sup> The 268 homeless, mentally ill clients referred by DMH are not included in this amount, but were reported under Section IV.H.4.a.

<sup>47</sup> [www.lahsa.org/programs](http://www.lahsa.org/programs).

### **a. Housing Type**

Since the program allows clients to reside in the program for no longer than 90 days, the emergency shelter component is classified as temporary housing.

LAHSA staff stated that 704 clients are currently being served through the emergency shelter component, representing approximately 4% of the total number of clients served by the agency. Four special needs populations, a total of 240 clients, were reported among this group: 14 (6%) were persons with developmental disabilities, 92 (38%) were victims of domestic violence, 21 (9%) were persons living with HIV / AIDS, and 113 (47%) were persons with mental illness.

### **b. Services Provided**

The Shelter and Services Program provides homeless clients with an array of supportive services to provide stability and assist them to obtain the necessary benefits and skills to live independently in permanent housing. Emergency shelters funded through the program must address the immediate and basic needs of clients, through the following services: intake to determine eligibility and document homelessness; a comprehensive assessment to determine service needs and housing readiness; and case management to assist clients in addressing their needs through client-centered activities.

A total of nine supportive services are available to program participants, provided by other county departments and private nonprofit organizations.

Other county departments account for five of the program's supportive services. DPSS delivers benefits assistance, DHS provides HIV / AIDS services and substance abuse treatment, DMH provides mental health treatment, and DCFS provides life skills training.

Private nonprofit organizations offer program participants four supportive services, including case management, food / meals, housing placement assistance, and transportation assistance.

### **c. Funding Sources**

The Shelter and Services Program — Emergency Shelter is funded with City of Los Angeles and County of Los Angeles Emergency Shelter Grant funds and City of Los Angeles Community Development Block Grant funds. The total amount of funding available for the Shelter and Services Program — Emergency Shelter is \$1,843,812.

#### **i. Community Development Block Grant – City of Los Angeles**

HUD allocates CDBG funding to local jurisdictions, in this case the City of Los Angeles. For the delivery of shelter and services under the emergency shelter component, LAHSA administers approximately \$1,004,314 in CDBG funding each year. These funds are made available to LAHSA during April and have been designated specifically for the provision of temporary housing in the Shelter and Services Program. Staff reported that funds are typically used for rental assistance (leasing), operations, and

supportive services, though there are no specific funding levels per activity. LAHSA reported no match requirement to access CDBG funding.

#### **ii. Emergency Shelter Grant Program – City of Los Angeles**

ESG funds originate with HUD and are awarded annually to the City of Los Angeles. LAHSA administers the ESG grant on behalf of the City of Los Angeles and receives approximately \$467,200 each year for the Shelter and Services Program. The City of Los Angeles makes these funds available at the beginning of April for the sole purpose of providing temporary housing for program clients. LAHSA has dedicated a maximum of 70% of the grant for operating costs while the remaining 30% for supportive services. There is no match requirement for the department to access these funds.

#### **iii. Emergency Shelter Grant Program – County of Los Angeles**

This funding is identical to the ESG funds received by the City, but in this case, the County of Los Angeles is the award recipient. As before, LAHSA administers the program on behalf of the county. Approximately \$372,298 is available in county ESG funding each year, on July 1, for the provision of temporary housing for program clients. The funding restrictions for operating and supportive services are the same as described above. There is no match requirement for the department to access these funds.

### **11. Shelter and Services Program – Transitional Housing**

The Transitional Housing component under the Shelter and Services Program places emphasis on moving homeless clients towards permanent housing and self-sufficiency. Under this component, clients are presumably more stable and more able to tend to other, less immediate needs (i.e., food and clothing) in a transitional housing environment. Services provided in transitional housing must promote residential stability and increased skill level or income in order to prepare homeless persons to live more independently.

#### **a. Housing Type**

The Shelter and Services Program – Transitional Housing seeks to facilitate this transition within 24 months, and therefore, the program is categorized as transitional housing.

Currently, the program is serving 138 clients. Information specific to the special needs subpopulations served through the program was not available since the CDBG does not require LAHSA to report such information.

#### **b. Services Provided**

A total of seven supportive services are offered to program participants by other county departments and private nonprofit organizations.

Other county departments provide a total of five services. DPSS provides benefits assistance, DHS delivers HIV / AIDS services and substance abuse treatment, DCFS provides life skills training, and DMH offers mental health treatment.

Private nonprofit organizations deliver four services, including benefits assistance, case management, housing placement assistance, and life skills training.

### **c. Funding Sources**

The Transitional Housing component of the Shelter and Services Program is fully funded with CDBG funding. These funds are allocated by HUD to the City of Los Angeles, and for the purposes of the Shelter and Services Program, are administered locally by LAHSA. Approximately \$877,926 in CDBG funding is available each April for the provision of transitional housing to program clients in the City of Los Angeles. Funds are typically used for rental assistance (leasing), operations, and supportive service expenditures, though LAHSA reported no specific levels for each eligible activity. There are no match requirements for the department to access CDBG funding.

## **12. Supportive Housing Program – Transitional Housing**

The HUD Supportive Housing Program promotes the development of supportive housing and services that help homeless persons transition from homelessness to living as independently as possible. SHP offers housing providers flexibility in designing projects that will address these goals through different housing and service program designs. The provision of transitional housing for homeless persons is one of the eligible program components under SHP. Transitional housing is a critical element of the Continuum of Care. It often serves clients who have been stabilized and provided services through the outreach / assessment and / or emergency shelter phases and are now in need of longer-term housing with appropriate supportive services to obtain permanent housing and become self-sufficient. For more information about the Supportive Housing Program, please refer to Section IV.J.3.

As was the case with the HUD Supportive Housing Program — Permanent Housing component, LAHSA administers the HUD Supportive Housing Program — Transitional Housing (SHP-TH) on behalf of the participating jurisdictions in the County of Los Angeles.

### **a. Housing Type**

Transitional housing facilitates the movement of homeless individuals and families to permanent housing within 24 months. The SHP-TH serves homeless individuals and families in the County of Los Angeles. The program currently serves 1,709 clients, representing 10% of the total clients served by LAHSA. Of these 1,709 clients, 616 (36%) have special needs as follows: 342 (20%) are persons with mental illness; 154 (9%) are victims of domestic violence; 103 (6%) are persons living with HIV / AIDS; and 17 (1%) are persons with developmental disabilities.

### **b. Services Provided**

A total of seven supportive services are provided to clients residing in SHP-TH projects. Other county departments and private nonprofit organizations deliver these services.

DPSS provides clients with benefits assistance, DHS provides HIV / AIDS services and substance abuse treatment, DCFS provides life skills training, and DMH provides mental health treatment.

Private nonprofit organizations deliver four supportive services to program clients, including benefits assistance, case management, housing placement assistance, and life skills training.

### **c. Funding Sources**

As a component of the Continuum of Care Homeless Assistance Program, SHP-TH is fully funded by HUD. During the previous fiscal year (FY 2001-2002), LAHSA administered approximately \$13,978,394 in SHP-TH funding.<sup>48</sup> HUD makes these funds available in April, and designates them exclusively for the provision of transitional housing to homeless persons in Los Angeles County.

The Supportive Housing Program is used to finance a range of housing activities — acquisition, rehabilitation, new construction, leasing, operations, and supportive services — though some restrictions apply. SHP-TH projects must match HUD capital funding with at least an equal (dollar for dollar) amount of cash from other sources. Projects receiving operating funding must provide a cash match of at least 25% of the project's total annual operating budget. Projects receiving supportive services funding must provide a cash match of at least 20% of the project's total annual supportive services budget.

LAHSA noted that SHP-TH funds cannot be used for emergency or permanent housing projects.

## **13. Winter Shelter Program**

The Los Angeles Winter Shelter Program, administered and coordinated by LAHSA, is a seasonal program designed to increase the number of nightly emergency shelter beds available during the period in which Los Angeles experiences its most inclement weather. To implement the Winter Shelter Program, LAHSA contracts with nonprofit homeless service providers to operate program sites throughout the county. In the past, California National Guard Armories, faith-based facilities, leased commercial spaces, and public facilities have been utilized to provide shelter during the Winter Shelter

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<sup>48</sup> On an annual basis, SHP funding is awarded competitively by HUD to local Continuums of Care jurisdictions throughout the nation. Funding therefore varies each year based on funding availability at the national level, local homeless assistance strategies and priorities within the Continuum, and the amount of projects up for renewal within the Continuum. The amount available for SHP-TH for FY 2001-2002 does not include the amount of SHP-TH funds administered by DCFS for their Bridges to Independence Transitional Housing Program.

season.<sup>49</sup> In the past, the Winter Shelter Program has been operational from December 1 through March 15, totaling 105 days. However, LAHSA reported in May 2003 that with funding provided by the City of Los Angeles, seven Winter Shelter Program sites located throughout the City of Los Angeles are scheduled to remain open from May 16, 2003 through November 30, 2003.

Winter Shelter Program providers under contract to LAHSA are obligated to provide shelter that is operational from, at a minimum, 6:00 p.m. until 8:00 a.m., on a nightly basis. Moreover, providers are responsible for intake services, case management (for shelters located within the City of Los Angeles only), meals, and transportation for clients.<sup>50</sup> To accommodate families and individuals that are not appropriate for a mass shelter environment, LAHSA provides hotel/motel voucher funds to contractors that demonstrate a need for vouchers.

The maximum number of reimbursable shelter nights is 105. Winter Shelter Program providers are reimbursed at two rates. Providers using donated shelter space or California National Guard Armories are reimbursed at the rate of \$13.00 per night/per client actually served. Providers that own and utilize existing shelter space or lease space are reimbursed at the rate of \$16.00 per night/per client. To implement the program, however, LAHSA only provides funding for shelter beds that are not presently funded by any funding source or not included as part of an agency's recognized bed capacity. Contractors are neither able to charge clients for any service offered under the program nor require any religious participation for services.

#### **a. Housing Type**

The Winter Shelter Program is classified as an emergency shelter program since clients are provided with shelter on a nightly basis. Clients in need of emergency shelter are able to go directly to a contracted provider in time for dinner, or to a designated pick-up location for free transportation. Clients are not limited in the number of nights they may reside in program shelters.

At any point during its operation, the Winter Shelter Program serves 2,312 clients. Roughly one-quarter of these clients, 577 (25%), have special needs, representing 9.36% of the total number of clients served by the department. Of the special needs clients, 416 (72%) are persons with mental illness, 69 (12%) are victims of domestic violence, 46 (8%) have developmental disabilities, and 46 (8%) are persons living with HIV / AIDS.

#### **b. Services Provided**

The Winter Shelter Program offers participants ten supportive services to address their immediate housing and services needs. These services are provided through other county departments and private nonprofit organizations.

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<sup>49</sup> Under the 2001 Winter Shelter Program, five armories were available for use: Culver City, West Los Angeles, Pomona, Sylmar, and Glendale.

<sup>50</sup> Winter Shelter Program contractors are required to provide a dinner and breakfast meal to each shelter client. In lieu of a breakfast meal, contractors may provide clients with a "sack lunch" for consumption after the clients leave the shelter for the day.

DPSS provides benefits assistance, DHS delivers HIV / AIDS services substance abuse treatment, DCFS offers life skills training, and DMH provides mental health treatment.

Private nonprofit organizations deliver a total of five supportive services, including case management, counseling, food / meals, housing placement assistance, and transportation assistance.

### **c. Funding Sources**

Of all the special needs housing programs in the county, the Winter Shelter Program clearly has the most diverse funding base. The program is financed from an array of sources, including City of Long Beach funds, CDBG, Los Angeles County General Fund, Emergency Food and Shelter Program (EFSP), Emergency Housing and Assistance Program (EHAP), and Emergency Shelter Grant program. The total funding available per year to the Winter Shelter Program is \$3,467,256.

#### **i. City of Long Beach**

Each year, the Winter Shelter Program receives approximately \$10,000 in funding from the City of Long Beach to support the program. Funds are available in December, and are only used to fund case management services for clients in SPA 8.

#### **ii. Community Development Block Grant**

The Winter Shelter Program is also financed with CDBG funds awarded by HUD to the City and County of Los Angeles. From the City of Los Angeles' CDBG allocation, LAHSA administers \$95,333 on an annual basis, available in April. Funding is limited entirely to the supportive service costs of the program. No matching funds were reported as a requirement, though LAHSA staff reported that these funds are only used for case management services.

From the County of Los Angeles, LAHSA receives \$35,000 in CDBG funding each December.<sup>51</sup> As the case with the City of Los Angeles CDBG funding, county CDBG dollars only support supportive services costs in the Winter Shelter Program, specifically for case management services.

#### **iii. County of Los Angeles General Funds**

The County of Los Angeles Board of Supervisors allocates \$35,000 out of the county's General Fund to the Winter Shelter Program each year. Every December, LAHSA receives this allocation solely to fund case management services to program participants. The department is not obligated to match funding from the county's General Fund.

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<sup>51</sup> The CDBG Division of the County of Los Angeles accepts funding applications during the July 1 through September 30 time period from community-based organizations for services to be implemented in the following fiscal year.

#### **iv. Emergency Food and Shelter Program**

The Emergency Food and Shelter Program is funded by the Federal Emergency Management Agency (FEMA). LAHSA currently administers \$860,352 for the purpose of the Winter Shelter Program. Funding is made available during December and can only be used for emergency shelter. LAHSA reported that 88% of the FEMA grant is used for operating costs, with the remaining 12% for supportive services. No matching funds are required for the department to receive FEMA funding.

#### **v. Emergency Housing and Assistance Program**

The Emergency Housing Assistance Program is designed to provide operational and capital funding to emergency shelters and transitional housing, that offer an array of self-sufficiency development services, including but not limited to, job training, personal budgeting, and apartment search skills. EHAP is a program administered by the State of California Department of Housing and Community Development (HCD). HCD must approve the Designated Local Board's (DLB) Local Emergency Shelter Strategy (LESS) that describes the local strategy for distributing EHAP funding throughout the region. In Los Angeles, the DLB is the Los Angeles Emergency Food and Shelter Program Local Board. LAHSA receives \$300,000 in EHAP funding each year, available in December to support rental assistance.<sup>52</sup> The department reported no match requirements to access EHAP funding.

#### **vi. Emergency Shelter Grant Program**

A total of \$2,131,571 in program funding comes from ESG awards for the City and County of Los Angeles. Both jurisdictions receive an annual award of ESG funding from HUD, with LAHSA acting locally as the agency responsible for administering the grant. LAHSA reported that \$1,606,571 in City of Los Angeles ESG funding has been made available per year for the Winter Shelter Program. ESG funding is available each April and supports the operating costs of the program, though the department did not specify any funding levels for this activity. No match requirements were reported for the department to access ESG funding.

The county's ESG funding also originates with HUD and is administered by LAHSA. A total of \$525,000 in county ESG funding supports the operating expenses of the Winter Shelter Program. Funding is made available to LAHSA each July and is limited to emergency shelter. As the case with the City of Los Angeles ESG funding, LAHSA reported no match requirement.

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<sup>52</sup> For FY 2002-2003, Los Angeles County has been allocated a total of \$1,458,370 in EHAP funding to support shelter operations, a rental assistance and eviction prevention program, and the Winter Shelter Program.



## **L. Supportive Services Programs**

### **1. Alternative Education Program**

Through its Division of Alternative Education (DAE), the Los Angeles County Office of Education (LACOE) reaches more than 5,000 students who fall through the cracks in the public educational system, who are at-risk academically (of dropping out or being expelled), or who have specialized interests or talents.<sup>53</sup> The division's overall goal is to provide programs with alternative education settings so students will succeed and achieve. The program draws upon an extensive partnership with school districts, families, and the community to offer a wide range of innovative, exemplary educational options to foster high academic achievement.

#### **a. Housing Type**

LACOE was unable to report on the types of housing occupied by the participants in the Alternative Education Program. The department did state, however, that homeless students and foster youth are among those served under this program. The 5,000 students served in this program represented 0.29% of the total number of clients served by LACOE.

#### **b. Services Provided**

A total of four services, all through LACOE, are provided as part of the Alternative Education Program. These services include counseling, education/instruction, food/meals (lunch and breakfast), and transportation assistance (to and from school).

#### **c. Funding Sources**

LACOE did not furnish specific information concerning the funding for their educational programs.

### **2. Juvenile Court and Community Schools Program**

LACOE's Juvenile Court and Community Schools (JCCS) provide individualized teaching and support to delinquent and abandoned youth in the county's juvenile halls, probation camps, MacLaren Children's Center, and other residential programs. With its partners in Probation, DCFS, and other county departments, JCCS focuses on moving at risk youth toward literacy and academic achievement. All schools are fully accredited by the Western Association of Schools and Colleges. Credits earned in JCCS are accepted at high schools, colleges, and universities.<sup>54</sup>

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<sup>53</sup> The Los Angeles County Office of Education is the largest intermediate educational agency in the U.S. LACOE provides classroom instruction for specialized student populations and programs and services to 81 K-12 school districts and 13 community college districts in Los Angeles County. LACOE also serves as an intermediate administrative agency between districts and the California Department of Education. LACOE provides programs and services to students, parents, educators, and school districts in four major areas: (1) educational programs, (2) educational services, (3) business services, and (4) telecommunications and technologies.

<sup>54</sup> <http://www.lacoe.edu/lacoeweb/orgs/243/index.cfm>.

#### **a. Housing Type**

LACOE was unable to report on the types of housing occupied by the participants in the program. Through the JCCS, LACOE reaches more than 30,000 juvenile offenders each year, in Probation camps, juvenile halls, at home, or with foster care families. This total represented 1.76% of the total number of clients served by LACOE each year. LACOE staff were not able to report on the number of youth with special needs who were served by the program.

#### **b. Services Provided**

A total of four services, all through LACOE, are provided as part of the JCCS Program. These services include counseling, education/instruction, food/meals (lunch and breakfast), and transportation assistance (to and from school).

#### **c. Funding Sources**

LACOE did not furnish specific information concerning the funding for their educational programs.

### **3. Special Education Program**

The Special Education Program is one of three educational programs offered by LACOE. Through its Division of Special Education (DSE), the Office of Education acts as an intermediate agency, partnering each year with the county public schools and community college districts to direct instruction of almost 8,000 students with disabilities. Most of the students are instructed in special day classes located on regular public school campuses. Others receive instruction at home or at specialized physical care facilities. The department's jurisdiction terminates either when the student reaches the age of 18 or graduates from high school. For students with developmental disabilities, jurisdiction terminates at the age of 22.

#### **a. Housing Type**

The Special Education Program does not provide housing resources to participating students but provides educational service to the county's disabled student population. Therefore, staff did not report on the housing occupied by program clients. Nonetheless, the department did note that the program targets persons with significant disabilities, including persons with developmental disabilities, the severely emotionally disturbed, and persons with hearing/visual/orthopedic impairments. The 8,000 students served represented 0.47% of the total number of clients served by LACOE.

#### **b. Services Provided**

A total of six services are provided through the Special Education Program to address the unique needs of the client population. The Office of Education, other county departments, and private nonprofit organizations work collaboratively to deliver these services.

LACOE provides a total of five services to participating students, including education/instruction, employment services (vocational education), food/meals (lunch and breakfast), life skills training, and transportation assistance to ensure that youth get to and from the school.

Only one other county department, DMH, provides services through the program — mental health treatment for students with mental illness.

Private nonprofit organizations offer students counseling and education/instruction services, primarily to those with autism or mental illness.

### **c. Funding Sources**

LACOE did not report specific information concerning the funding for their educational programs.

## **IV. NEED FOR ADDITIONAL HOUSING OPTIONS FOR SPECIAL NEEDS POPULATIONS**

### **A. Types of Special Needs Housing Needed**

Eight of the nine county departments that participated in the survey recognized the need for additional housing options — emergency shelter, temporary housing, transitional housing, and permanent housing — for special needs populations.<sup>55</sup>

The survey responses prove useful on two levels. First, it is possible to determine which special needs populations are in the greatest need of housing. Second, the survey responses indicated which special needs population is in the greatest need of the four types of housing: emergency shelter, temporary housing, transitional housing, and permanent housing.

The survey data pointed to the widely recognized need for various housing types for persons with mental illness. Thirty-one responses identified persons with mental illness as most in need of housing across the continuum. The population reported to be the second most in need of housing was persons living with HIV/AIDS. They were identified in fourteen of the survey responses. Other special needs populations in need of housing were victims of domestic violence (9), emancipated foster youth (9), teen mothers (8), persons with developmental disabilities (7), the frail elderly (4), and emancipating foster youth (2).

Transitional housing and permanent housing (27 and 26, respectively) were identified as the most needed types of housing. Emergency shelter was identified as the third most needed type of housing as indicated by 20 survey responses. Temporary housing received almost 50% less survey responses as emergency shelter (see Table 7).

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<sup>55</sup> Due to its function as a technical assistance intermediate and service provider, LACOE did not respond to this section of the survey.

**Table 7: Number of Survey Responses Indicating a Need for Housing<sup>56</sup>**

Special Needs Population	Housing Type				
	Emergency Shelter	Temporary Housing	Transitional Housing	Permanent Housing	Total
DD	2	1	0	4	7
DV	4	0	5	0	9
EFY1	0	0	2	0	2
EFY 2	0	2	6	1	9
FE	1	0	0	3	4
HIV / AIDS	2	2	6	4	14
MI	9	4	6	12	31
TM	2	2	2	2	8
<b>Total</b>	<b>20</b>	<b>11</b>	<b>27</b>	<b>26</b>	<b>84</b>

The following is a discussion of the types of special needs housing reported to be in the greatest need. Generally, survey respondents reported on the greatest need for housing according to the type of housing that they administered or operated.

### **1. Emergency Shelter**

Twenty survey responses listed emergency shelter as the most needed type of housing for the following six special needs populations: persons with developmental disabilities, victims of domestic violence, the frail elderly, persons living with HIV / AIDS, persons with mental illness, and teen mothers.

Of these twenty survey responses, nine (45%) indicated that persons with mental illness were in the greatest need of emergency shelter. Four (20%) responses reported that victims of domestic violence were in the greatest need of emergency shelter, while teen mothers, persons living with HIV / AIDS, and persons with developmental disabilities were each recognized twice (10% each). Only one respondent (5%) reported that frail elderly were in the greatest need of emergency shelter. Neither emancipating foster youth (ages 14 to 17) nor emancipated foster youth (ages 18 to 21) were reported to be in great need of emergency shelter.

### **2. Temporary Housing**

Eleven survey responses reported that temporary housing was the most needed type of housing for five of the county's special needs populations.

Once again, persons with mental illness received the most number of responses, 4 (36%), as the population in greatest need of temporary housing. Emancipated foster youth (ages 18 to 21), persons living with HIV / AIDS, and teen mothers were all reported twice (18%) each to be in the greatest need of temporary housing. One (9%) respondent stated that persons with developmental disabilities were most in need of temporary housing.

<sup>56</sup> Respondents were allowed to list more than one special needs population in need of any of the housing types. Therefore, for the purposes of Table 7 and the subsequent discussion in Section V.A., the number of surveys do not always equal the number of responses.

### **3. Transitional Housing**

Twenty-seven survey responses indicated that transitional housing was the most needed form of housing for six of the county's special needs housing populations.

Six (22% each) survey responses indicated that three special needs populations were in the greatest need of transitional housing: persons with mental illness, persons living with HIV / AIDS, and emancipated foster youth. Five (19%) survey responses recognized that victims of domestic violence were in the greatest need of transitional housing. Two (7% each) responses reported that teen mothers and emancipating foster youth (ages 14 to 17) were in the greatest need of transitional housing.

### **4. Permanent Housing**

Twenty-six survey responses indicated that six special needs populations were in the greatest need of permanent housing, signifying that after transitional housing, permanent housing was identified as the second most needed type of housing for the county's special needs populations.

Twelve (46%) of the twenty-six responses recognized that permanent housing is most needed for persons with mental illness. Persons with developmental disabilities and persons living with HIV / AIDS were each reported on four (15% each) occasions to be in the greatest need of permanent housing. Three (12%) survey responses recognized that the frail elderly are in the greatest need of permanent housing. Two (8%) responses indicated that teen mothers are in the greatest need of permanent housing. Only one (4%) response stated that permanent housing was most needed for emancipated foster youth (ages 18 to 21).

### **B. Unserved and Underserved Geographic Areas**

The survey also sought to capture information related to the need for special needs housing in each of the eight Service Planning Areas. Using the same eight special needs populations recognized by the Special Needs Housing Alliance, the survey asked respondents to identify the SPA(s) that were most unserved and / or underserved by each of the housing types.<sup>57</sup>

Overall, SPAs 3 and 6 were the most unserved / underserved for housing the county's special needs populations.

The housing needs for persons with developmental disabilities were most unserved / underserved in SPAs 3 and 6. For victims of domestic violence, SPA 6 was the most unserved / underserved area. SPA 2 was the most unserved / underserved for emancipating foster youth (ages 14 to 17), while SPAs 4 and 5 were the most unserved / underserved for the county's emancipated foster youth (ages 18 to 21). For the frail elderly, SPAs 1, 4, 7, and 8 were the most unserved / underserved. For all

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<sup>57</sup> In addition to Service Planning Areas, respondents were given the option of identifying neighborhoods and / or communities that were the most unserved or underserved by housing type. In this case, responses were translated to reflect the SPA in which that neighborhood or community was located.

housing types, persons living with HIV / AIDS were reported to have difficulty obtaining housing in SPAs 1, 6, and 7, respectively. For persons with mental illness, all types of housing were needed throughout the county, though SPAs 3 and 6 were noted as the most unserved/underserved. SPAs 3 and 6 were the most unserved/underserved for teen mothers (see Table 8).

**Table 8: Most Unserved/Underserved SPAs by All Housing Types**

<b>Special Needs Populations</b>	<b>Most Unserved/Underserved SPAs</b>
Developmental Disabilities	3, 6
Domestic Violence	6
EFY 1	2
EFY 2	4, 5
Frail Elderly	1, 4, 7, 8
HIV / AIDS	1, 6, 7
Mental Illness	3, 6
Teen Mothers	3, 6

### **1. Emergency Shelter**

All special needs populations were reported to be unserved and/or underserved with emergency shelter in at least one of the county's SPAs (see Table 9). SPA 4 (Metro) was the most unserved/underserved SPA for emergency shelter. In decreasing order, other SPAs that were identified as unserved and/or underserved were SPAs 1, 6, 7, 3, 5, and 8.

Persons with developmental disabilities were found to be in need of emergency shelter in all SPAs except SPAs 2 and 5. Persons living with HIV / AIDS were most unserved/underserved in SPAs 1, 3, 5, 6, and 7. For emancipated foster youth (EFY 2, ages 18 to 21), SPAs 1, 4, 5, and 7 were reported to be in the greatest need of emergency shelter. SPAs 1, 4, 7, and 8 were found to be most unserved/underserved for the frail elderly. Emancipating foster youth (EFY 1, ages 14 to 17) were most underserved/unserved in SPAs 2, 4, and 7. Victims of domestic violence were reported to be most in need of emergency shelter in SPAs 3 and 6. Respondents noted that persons with mental illness needed emergency shelter in all of the county's SPAs. Nevertheless, for this population, SPA 4 was reported to be the most unserved/underserved. SPA 6 was found to be most unserved/underserved for teen mothers.

**Table 9: Most Unserved/Underserved SPAs by Emergency Shelter**

<b>Special Needs Populations</b>	<b>Most Unserved/Underserved SPAs</b>
Developmental Disabilities	1, 3, 4, 6, 7, 8
Domestic Violence	3, 6
EFY 1	2, 4, 7
EFY 2	1, 4, 5, 7
Frail Elderly	1, 4, 7, 8
HIV/ AIDS	1, 3, 5, 6, 7
Mental Illness	4
Teen Mothers	6

## 2. Temporary Housing

According to survey respondents, all but three of the county's special needs populations — victims of domestic violence, emancipating foster youth (EFY 1), and the frail elderly — were adequately provided with temporary housing throughout the county's SPAs. Overall, special needs populations were found to be most unserved/underserved by temporary housing in SPA 6 (South). In decreasing order, other SPAs that were identified as unserved and/or underserved were SPAs 3, 4, 1, 2, 5, 7, and 8.

Persons with developmental disabilities were found to be unserved/underserved in all SPAs. SPAs 1, 3, 5, and 6 were reported to be most unserved/underserved for persons living with HIV/ AIDS. Emancipated foster youth (ages 18 to 21) were most unserved/underserved in SPAs 2, 3, and 5, while SPAs 4 and 6 were unserved/underserved for persons with mental illness and teen mothers (see Table 10).

**Table 10: Most Unserved/Underserved SPAs by Temporary Housing**

<b>Special Needs Populations</b>	<b>Most Unserved/Underserved SPAs</b>
Developmental Disabilities	1, 2, 3, 4, 5, 6, 7, 8
Domestic Violence	
EFY 1	
EFY 2	2, 3, 5
Frail Elderly	
HIV/ AIDS	1, 3, 5, 6
Mental Illness	4, 6
Teen Mothers	4, 6

## 3. Transitional Housing

Survey respondents reported a total of six SPAs that were unserved/underserved by transitional housing for special needs clients. In general, respondents mentioned that, except in SPA 8, transitional housing for special needs populations is insufficient throughout the county. SPAs 5 and 6 were highlighted as the areas of the county where special needs populations had the most difficulty obtaining transitional housing. In decreasing order, other SPAs that were identified as unserved and/or underserved for transitional housing were SPAs 4, 2, 1, 7, and 3.

SPAs 1, 2, 4, 5, and 7 were all recognized as areas where persons living with HIV / AIDS have experienced the greatest difficulty obtaining transitional housing. Emancipated foster youth (ages 18 to 21) were widely unserved / underserved throughout the county, though respondents placed emphasis on SPAs 3, 4, and 5. SPAs 1 and 6 were reported to be the most unserved / underserved for victims of domestic violence. For emancipating foster youth (ages 14 to 17), SPAs 2 and 5 were found to be the most unserved / underserved. SPA 6 was the most unserved / underserved for persons with mental illness and teen mothers. Persons with developmental disabilities and the frail elderly were not reported to be unserved / underserved by transitional housing (see Table 11).

**Table 11: Most Unserved/Underserved SPAs by Transitional Housing**

<b>Special Needs Populations</b>	<b>Most Unserved/Underserved SPAs</b>
Developmental Disabilities	
Domestic Violence	1, 6
EFY 1	2, 5
EFY 2	3, 4, 5
Frail Elderly	
HIV / AIDS	1, 2, 4, 5, 7
Mental Illness	6
Teen Mothers	6

#### **4. Permanent Housing**

Unlike transitional housing, responses from the survey do not suggest that permanent housing is as widely underserved / unserved throughout the county. Overall, the survey responses indicated that SPA 6 was the most unserved / underserved for permanent housing for special needs populations in the county. In decreasing order, other SPAs that were identified as unserved and / or underserved for permanent housing were SPAs 3, 1, 4, 5, and 7 (see Table 12).

SPAs 3 and 6 were reported to be the most unserved / underserved for persons with developmental disabilities. SPAs 1 and 4 were the most unserved / underserved for emancipated foster youth (ages 18 to 21), while SPAs 6 and 7 were the most unserved / underserved for persons living with HIV / AIDS. Persons with mental illness, as the case with all the housing types included in this section, received the most responses, with SPAs 3 and 5 being significantly more unserved / underserved than any other SPA. Permanent housing for teen mothers is most lacking in SPAs 3 and 6. For victims of domestic violence, the level of permanent housing for victims of domestic violence in SPA 6 was reported as insufficient.



**Table 12: Most Unserved/Underserved SPAs by Permanent Housing**

Special Needs Populations	Most Unserved/Underserved SPAs
Developmental Disabilities	3, 6
Domestic Violence	6
EFY 1	
EFY 2	1, 4
Frail Elderly	
HIV/ AIDS	6, 7
Mental Illness	3, 5
Teen Mothers	3, 6

## V. NEED FOR SUPPORTIVE SERVICES FOR SPECIAL NEEDS POPULATIONS

For many special needs populations, supportive services are essential in assisting them obtain and/or maintain housing stability.

Survey respondents were asked to assess the supportive service needs of special needs clients in their respective housing programs. Respondents were provided with a list of sixteen supportive services, along with the eight special needs populations recognized by the Alliance, and asked to rank the five most necessary supportive services for each special needs population. Each ranked service was then assigned a corresponding number of points to arrive at a weighted total for the services needed by each population.<sup>58</sup>

Housing placement assistance was ranked the highest, most needed supportive service for four of the eight populations, and was ranked second for the remaining four special needs populations. Across all the special needs populations, other services that were highly ranked were benefits assistance, case management, and life skills training. The following section discusses the service needs for each special needs population.

### A. Persons with Developmental Disabilities

Survey respondents recognized housing placement assistance, with a weighted total of 27 points, as the most needed supportive service for persons with developmental disabilities (see Table 13). Benefits assistance (26 points) was reported to be the second most needed service behind housing placement assistance. In decreasing order of priority, food/meals (19 points), health related/home health services (10 points), life skills training (10 points), and case management (8 points) were all included among the top five most needed services for persons with developmental disabilities.

**Table 13: Most Needed Services for Persons with Developmental Disabilities**

<sup>58</sup> The most needed service was assigned five points, the second most needed service four points, the third most needed service three points, the fourth most needed service two points, and the fifth most needed service received one point.

<b>Top Five Services</b>	<b>Weighted Totals</b>
Housing Placement Assistance	27
Benefits Assistance	26
Food / Meals	19
Health Related / Home Health	10
Life Skills Training	10
Case Management	8

## **B. Victims of Domestic Violence**

Survey respondents also ranked housing placement assistance (25 points) as the most needed supportive service for victims of domestic violence (see Table 14). Respondents ranked counseling (19 points) as the second most needed service for this population, followed by child care / children's services (17 points), benefits assistance (14 points), and life skills training (11 points).

**Table 14: Most Needed Services for Domestic Violence Victims**

<b>Top Five Services</b>	<b>Weighted Totals</b>
Housing Placement Assistance	25
Counseling	19
Child Care / Children's Services	17
Benefits Assistance	14
Life Skills Training	11

## **C. Emancipating Foster Youth (ages 14 to 17)**

Like the previous two special needs populations, respondents indicated that housing placement assistance, with a total of 6 points, was the most needed supportive service for emancipating foster youth, ages 14 to 17 (see Table 15). Three other services — case management, education / instruction, and employment services — were ranked evenly (5 points each) as the second most important service. Other most needed services included in the ranking were benefits assistance (4 points), life skills training (3 points), and counseling services (2 points).

**Table 15: Most Needed Services for Emancipating Foster Youth (ages 14 to 17)**

<b>Top Five Services</b>	<b>Weighted Totals</b>
Housing Placement Assistance	6
Case Management	5
Education / Instruction	5
Employment Services	5
Benefits Assistance	4
Life Skills Training	3
Counseling	2

#### **D. Emancipated Foster Youth (ages 18 to 21)**

For emancipated foster youth, respondents reported employment services (19 points) to be the most needed supportive service (see Table 16). Both housing placement assistance and education/instruction were ranked second with scores of 15 points each, followed by benefits assistance and transportation (8 points each), food/meals (6 points), and health related/home health services and life skills training (4 points each).

**Table 16: Most Needed Services for Emancipated Foster Youth (ages 18 to 21)**

<b>Top Five Services</b>	<b>Weighted Totals</b>
Employment Services	19
Housing Placement Assistance	15
Education/Instruction	15
Benefits Assistance	8
Transportation	8
Food/Meals	6
Health Related/Home Health	4
Life Skills Training	4

#### **E. Frail Elderly**

Only one survey respondent reported on the provision of supportive services to the frail elderly (see Table 17). Housing placement assistance was ranked as the most needed supportive service with 5 points, followed by case management (4 points), mental health treatment (3 points), benefits assistance (2 points), and life skills training (1 point).

**Table 17: Most Needed Services for the Frail Elderly**

<b>Top Five Services</b>	<b>Weighted Totals</b>
Housing Placement Assistance	5
Case Management	4
Mental Health Treatment	3
Benefits Assistance	2
Life Skills Training	1

#### **F. Persons Living with HIV/AIDS**

Reflective of the unique service needs of persons living with HIV/AIDS, respondents overwhelmingly ranked HIV/AIDS services (61 points) as the most needed supportive service (see Table 18). Housing placement assistance was also prioritized highly among respondents, and was ranked second with a total of 43 points. Other services included in the top five were as follows: mental health treatment (29 points), substance abuse treatment (24 points), and case management (22 points).

**Table 18: Most Needed Services for Persons Living with HIV/AIDS**

<b>Top Five Services</b>	<b>Weighted Totals</b>
HIV/ AIDS Services	61
Housing Placement Assistance	43
Mental Health Treatment	29
Substance Abuse Treatment	24
Case Management	22

**G. Persons with Mental Illness**

Survey respondents recognized mental health treatment as the most needed supportive service (72 points) for persons with mental illness (see Table 19). Ranked second, with a total of 50 points, was housing placement assistance, followed closely by benefits assistance with 49 points. The other two services ranked in the top five were case management (26 points) and substance abuse treatment (22 points).

**Table 19: Most Needed Services for Persons with Mental Illness**

<b>Top Five Services</b>	<b>Weighted Totals</b>
Mental Health Treatment	72
Housing Placement Assistance	50
Benefits Assistance	49
Case Management	26
Substance Abuse Treatment	22

**H. Teen Mothers**

Respondents identified child care/ children's services (13 points) as the most needed supportive service for teen mothers (see Table 20). Other services included in the top five most needed services for teen mothers were housing placement assistance (12 points), benefits assistance (9 points), life skills training (6 points), and education/ instruction (5 points).

**Table 20: Most Needed Services for Teen Mothers**

<b>Top Five Services</b>	<b>Weighted Totals</b>
Child Care/ Children's Services	13
Housing Placement Assistance	12
Benefits Assistance	9
Life Skills Training	6
Education/ Instruction	5

## APPENDIX A. GLOSSARY

<b>AB</b>	Assembly Bill
<b>ACYF</b>	Administration on Children, Youth, and Families
<b>AFDC-FC</b>	Aid for Families with Dependent Children-Foster Care
<b>AMI</b>	Area Median Income
<b>APS</b>	Adult Protective Services
<b>ARC</b>	Alumni Resource Center
<b>ARF</b>	Adult Residential Facility
<b>CARE Act</b>	Comprehensive AIDS Resources Emergency Act
<b>CalWORKs</b>	California Work Opportunity and Responsibility to Kids
<b>CDBG</b>	Community Development Block Grant
<b>CDC</b>	Community Development Commission
<b>CDSS</b>	California Department of Social Services
<b>CHDO</b>	Community Housing Development Organization
<b>CLHF</b>	Congregate Living Health Facility
<b>CSS</b>	Community and Senior Services
<b>DADP</b>	State of California Department of Alcohol and Drug Programs
<b>DAE</b>	Division of Alternative Education
<b>DCFS</b>	Department of Children and Family Services
<b>DD</b>	Developmental Disability
<b>DDS</b>	State of California Department of Developmental Services
<b>DHS</b>	Department of Health Services
<b>DLB</b>	Designated Local Board
<b>DMH</b>	Department of Mental Health
<b>DPSS</b>	Department of Public Social Services
<b>DSE</b>	Division of Special Education
<b>DV</b>	Domestic Violence
<b>DVES</b>	Domestic Violence Emergency Shelter Program
<b>EFSP</b>	Emergency Food and Shelter Program
<b>EFY 1</b>	Emancipating Foster Youth 14 to 17
<b>EFY 2</b>	Emancipated Foster Youth 18 to 21
<b>EHAP</b>	Emergency Housing and Assistance Program
<b>ESG</b>	Emergency Shelter Grant
<b>FE</b>	Frail Elderly
<b>FEMA</b>	Federal Emergency Management Agency
<b>FMR</b>	Fair Market Rent
<b>FY</b>	Fiscal Year
<b>GAIN</b>	Greater Avenues for Independence
<b>GR</b>	General Relief
<b>GROW</b>	General Relief Opportunities to Work
<b>HA</b>	Homeless Assistance
<b>HACLA</b>	Housing Authority of the City of Los Angeles
<b>HACoLA</b>	Housing Authority of the County of Los Angeles
<b>HAP</b>	Housing Assistance Payment
<b>HCD</b>	State of California Department of Housing and Community Development
<b>HHS</b>	U.S. Department of Health and Human Services
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
<b>HOPWA</b>	Housing Opportunities for Persons with AIDS

<b>HRSA</b>	Health Resources and Services Administration
<b>HUD</b>	U.S. Department of Housing and Urban Development
<b>ILP</b>	Independent Living Program
<b>IOG</b>	Interagency Operations Group
<b>JCCS</b>	Juvenile Court and Community Schools
<b>LACOE</b>	Los Angeles County Office of Education
<b>LAHD</b>	City of Los Angeles Housing Department
<b>LAHSA</b>	Los Angeles Homeless Services Authority
<b>LESS</b>	Local Emergency Shelter Strategy
<b>MAP</b>	Maximum Aid Payment
<b>MI</b>	Mental Illness
<b>MOE</b>	Maintenance of Effort
<b>NDTF</b>	New Directions Task Force
<b>OAPP</b>	Office of AIDS Programs and Policy
<b>PH</b>	Permanent Housing
<b>PRA</b>	Project-based Rental Assistance
<b>PRWORA</b>	Personal Responsibility and Work Opportunity Reconciliation Act
<b>PLWH/A</b>	Person Living with HIV / AIDS
<b>RCF-CI</b>	Residential Care Facility for the Chronically Ill
<b>RFP</b>	Request for Proposals
<b>RITE</b>	Refugee/Immigrant Training and Employment
<b>S+C</b>	Shelter Plus Care
<b>SB</b>	Senate Bill
<b>SHP</b>	Supportive Housing Program
<b>SPA</b>	Service Planning Area
<b>SRA</b>	Sponsor-based Rental Assistance
<b>SRO</b>	Single Room Occupancy
<b>TANF</b>	Temporary Assistance to Needy Families
<b>TH</b>	Transitional Housing
<b>THP</b>	Transitional Housing Program
<b>THPP</b>	Transitional Housing Placement Program
<b>TILP</b>	Transitional Independent Living Plan
<b>TM</b>	Teen Mother
<b>TRA</b>	Tenant-based Rental Assistance

## **APPENDIX B. SURVEY INSTRUMENT**

### **COUNTY OF LOS ANGELES**

#### **SPECIAL NEEDS HOUSING ALLIANCE SURVEY**

The New Directions Task Force's Special Needs Housing Alliance (of which your department is a member) has retained the services of Shelter Partnership, Inc. to assist with gathering housing, related services, and funding resource information available to the County's special needs populations. While your responses will assist to identify current resources, they will also provide additional information concerning the unmet needs of special needs populations in Los Angeles County.

The questions that follow are specific to the programs your Department operate or administer and the clients served by those programs.

To facilitate your response, a list of definitions of special needs populations, supportive services, and various types of housing has been included with this survey (see Attachment A). For the purposes of consistency, you should use these common definitions (and abbreviations or acronyms) as you report information about your program(s) and clientele. Thank you for your time and patience in this effort.

#### **Departmental Contact Information**

Date: \_\_\_\_\_

Name of Department: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

## A. HOUSING

The goal of this portion of the survey is to identify the number of clients served by each Department and the type of housing being provided or not being provided to clients at a point in time (*e.g., July 4, 2002*).

1. Name of Program: \_\_\_\_\_
2. Primary Target Population: \_\_\_\_\_
3. Number of total clients served by the program: \_\_\_\_\_
  - a) What percentage is this figure of the total number of clients served by your Department?  
\_\_\_\_\_ %
4. Sub-populations served by this program:

Sub-Population	Unduplicated Number Served	% of Total Number Served
Developmentally Disabled		
Domestic Violence		
EFY 1 (14-17)		
EFY 2 (18-21)		
Frail Elderly		
HIV/AIDS		
Mental Illness		
Teen Mothers		

5. For the populations reported in #4, what is the number of unduplicated clients served who reside in each of the following types of housing?

Sub-Population	ES	Temp. H	Tran. H	PH	Total
Developmentally Disabled					
Domestic Violence					
EFY 1 (14-17)					
EFY 2 (18-21)					
Frail Elderly					
HIV/AIDS					
Mental Illness					
Teen Mothers					
<b>Total</b>					



6. Which population(s) served by this program is/are in the greatest need of the following types of housing: (*i.e., frail elderly are most in need of emergency shelter*).

a) Emergency Shelter (<30 days):

DD: _____	EFY 2 (18-21) _____	Mental Illness: _____
DV: _____	Frail Elderly: _____	Teen Mothers: _____
EFY 1 (14-17) _____	HIV/AIDS: _____	

b) Temporary housing (30 days to 6 months):

DD: _____	EFY 2 (18-21) _____	Mental Illness: _____
DV: _____	Frail Elderly: _____	Teen Mothers: _____
EFY 1 (14-17) _____	HIV/AIDS: _____	

c) Transitional housing (7 months to 2 years):

DD: _____	EFY 2 (18-21) _____	Mental Illness: _____
DV: _____	Frail Elderly: _____	Teen Mothers: _____
EFY 1 (14-17) _____	HIV/AIDS: _____	

d) Permanent housing (no time limit):

DD: _____	EFY 2 (18-21) _____	Mental Illness: _____
DV: _____	Frail Elderly: _____	Teen Mothers: _____
EFY 1 (14-17) _____	HIV/AIDS: _____	

7. Using the same population(s) reported in #4, identify the Service Planning Areas/neighborhoods/communities that are most unserved and/or underserved by housing type.

a) For Emergency Shelter:

DD: \_\_\_\_\_

DV: \_\_\_\_\_

EFY 1 (14-17) \_\_\_\_\_

EFY 2 (18-21) \_\_\_\_\_

Frail Elderly: \_\_\_\_\_

HIV/AIDS: \_\_\_\_\_

Mental Illness: \_\_\_\_\_

Teen Mothers: \_\_\_\_\_

b) For Temporary Housing:

DD: \_\_\_\_\_

DV: \_\_\_\_\_

EFY 1 (14-17) \_\_\_\_\_

EFY 2 (18-21) \_\_\_\_\_

Frail Elderly: \_\_\_\_\_

HIV/AIDS: \_\_\_\_\_

Mental Illness: \_\_\_\_\_

Teen Mothers: \_\_\_\_\_

c) For Transitional Housing:

DD: \_\_\_\_\_

DV: \_\_\_\_\_

EFY 1 (14-17) \_\_\_\_\_

EFY 2 (18-21) \_\_\_\_\_

Frail Elderly: \_\_\_\_\_

HIV/AIDS: \_\_\_\_\_

Mental Illness: \_\_\_\_\_

Teen Mothers: \_\_\_\_\_

d) For Permanent Housing:

DD: \_\_\_\_\_

DV: \_\_\_\_\_

EFY 1 (14-17) \_\_\_\_\_

EFY 2 (18-21) \_\_\_\_\_

Frail Elderly: \_\_\_\_\_

HIV/AIDS: \_\_\_\_\_

Mental Illness: \_\_\_\_\_

Teen Mothers: \_\_\_\_\_

## B. SERVICES

The purpose of this portion of the survey is to use the information kept by the Alliance member Departments/Agencies in order to identify the current services provided to client populations that are in housing identified in the previous section.

1. Of the following services, which are **delivered directly** by your Department to clients being provided with housing? (*Check all that apply*)

Service	DD	DV	EFY 1	EFY 2	FE	HIV	MI	TM
Benefits Assistance								
Clothing								
Case Management								
Child Care/Children's Services								
Counseling								
Education/Instruction								
Employment Services								
Food/Meals								
Health Related/Home Health								
HIV/AIDS Services								
Housing Placement Assistance								
Legal Services								
Life Skills Training								
Mental Health Treatment								
Substance Abuse Treatment								
Transportation								
Other:								
Other:								

2. Which of the following services are **delivered directly by another County department** to your clients being provided with housing? (*write in the County's abbreviation or acronym*)

<b>Service</b>	<b>DD</b>	<b>DV</b>	<b>EFY 1</b>	<b>EFY 2</b>	<b>FE</b>	<b>HIV</b>	<b>MI</b>	<b>TM</b>
Benefits Assistance								
Clothing								
Case Management								
Child Care/Children's Services								
Counseling								
Education/Instruction								
Employment Services								
Food/Meals								
Health Related/Home Health								
HIV/AIDS Services								
Housing Placement Assistance								
Legal Services								
Life Skills Training								
Mental Health Treatment								
Substance Abuse Treatment								
Transportation								
Other:								
Other:								

3. Which of the following services **are not** provided to your clients by your Department, but through a private nonprofit organization? (*Check all that apply*)

<b>Service</b>	<b>DD</b>	<b>DV</b>	<b>EFY 1</b>	<b>EFY 2</b>	<b>FE</b>	<b>HIV</b>	<b>MI</b>	<b>TM</b>
Benefits Assistance								
Clothing								
Case Management								
Child Care/Children's Services								
Counseling								
Education/Instruction								
Employment Services								
Food/Meals								
Health Related/Home Health								
HIV/AIDS Services								
Housing Placement Assistance								
Legal Services								
Life Skills Training								
Mental Health Treatment								
Substance Abuse Treatment								
Transportation								
Other:								
Other:								

4. Which of the following services are most needed by clients currently being housed by your Department? *(Please rank services by each subpopulation from 1 to 5 with 1 being the most needed.)*

<b>Service</b>	<b>DD</b>	<b>DV</b>	<b>EFY 1</b>	<b>EFY 2</b>	<b>FE</b>	<b>HIV</b>	<b>MI</b>	<b>TM</b>
Benefits Assistance								
Clothing								
Case Management								
Child Care/Children's Services								
Counseling								
Education/Instruction								
Employment Services								
Food/Meals								
Health Related/Home Health								
HIV/AIDS Services								
Housing Placement Assistance								
Legal Services								
Life Skills Training								
Mental Health Treatment								
Substance Abuse Treatment								
Transportation								
Other:								
Other:								

5. Which of the following services are most needed by clients currently being housed by your Department in each of the following four housing types? *(Please rank services by each subpopulation from 1 to 5 with 1 being the most needed.)*

a) Emergency Shelter

<b>Service</b>	<b>DD</b>	<b>DV</b>	<b>EFY 1</b>	<b>EFY 2</b>	<b>FE</b>	<b>HIV</b>	<b>MI</b>	<b>TM</b>
Benefits Assistance								
Clothing								
Case Management								
Child Care/Children's Services								
Counseling								
Education/Instruction								
Employment Services								
Food/Meals								
Health Related/Home Health								
HIV/AIDS Services								
Housing Placement Assistance								
Legal Services								
Life Skills Training								
Mental Health Treatment								
Substance Abuse Treatment								
Transportation								
Other:								
Other:								



b) Temporary Housing

<b>Service</b>	<b>DD</b>	<b>DV</b>	<b>EFY 1</b>	<b>EFY 2</b>	<b>FE</b>	<b>HIV</b>	<b>MI</b>	<b>TM</b>
Benefits Assistance								
Clothing								
Case Management								
Child Care/Children's Services								
Counseling								
Education/Instruction								
Employment Services								
Food/Meals								
Health Related/Home Health								
HIV/AIDS Services								
Housing Placement Assistance								
Legal Services								
Life Skills Training								
Mental Health Treatment								
Substance Abuse Treatment								
Transportation								
Other:								
Other:								

c) Transitional Housing

<b>Service</b>	<b>DD</b>	<b>DV</b>	<b>EFY 1</b>	<b>EFY 2</b>	<b>FE</b>	<b>HIV</b>	<b>MI</b>	<b>TM</b>
Benefits Assistance								
Clothing								
Case Management								
Child Care/Children's Services								
Counseling								
Education/Instruction								
Employment Services								
Food/Meals								
Health Related/Home Health								
HIV/AIDS Services								
Housing Placement Assistance								
Legal Services								
Life Skills Training								
Mental Health Treatment								
Substance Abuse Treatment								
Transportation								
Other:								
Other:								

d) Permanent Housing

<b>Service</b>	<b>DD</b>	<b>DV</b>	<b>EFY 1</b>	<b>EFY 2</b>	<b>FE</b>	<b>HIV</b>	<b>MI</b>	<b>TM</b>
Benefits Assistance								
Clothing								
Case Management								
Child Care/Children's Services								
Counseling								
Education/Instruction								
Employment Services								
Food/Meals								
Health Related/Home Health								
HIV/AIDS Services								
Housing Placement Assistance								
Legal Services								
Life Skills Training								
Mental Health Treatment								
Substance Abuse Treatment								
Transportation								
Other:								
Other:								

## C. RESOURCES

The purpose of this portion of the survey is to use the data kept by Alliance member departments/agencies to identify available resources, including capital costs, rental assistance, operating costs, and supportive services that can be used to support special needs housing. Please indicate all the funding sources that support the program identified in A.1.

1. Complete name of funding program (*e.g., Supportive Housing Program*):

---

2. Name of agency issuing funds: (*e.g., U.S. Department of Housing and Urban Development*)

---

3. Name of local administering agency (*e.g., the Supportive Housing Program is administered locally by LAHSA*):

---

4. Amount of funds available from issuing agency per funding cycle:

\$\_\_\_\_\_ per 1 2 3 years (*Please circle one*)

5. Date/time of year when funding becomes available to Department: \_\_\_\_\_

6. Type of housing eligible for funding? (*Check all that apply*)

\_\_\_\_ Emergency Shelter (<30 days)

\_\_\_\_ Temporary Housing (1 month to 6 months)

\_\_\_\_ Transitional Housing (7 months to 2 years)

\_\_\_\_ Permanent Housing (no limit on length of stay)

7. Which of the following are eligible activities? (*Please indicate funding levels for each eligible activity by dollar amount or percentage.*)

a) Capital Costs: \$\_\_\_\_\_ and/or \_\_\_\_\_%

b) Rental Assistance: \$\_\_\_\_\_ and/or \_\_\_\_\_%

c) Operating Costs: \$\_\_\_\_\_ and/or \_\_\_\_\_%

d) Supportive Services: \$\_\_\_\_\_ and/or \_\_\_\_\_%

8. Are matching funds required for any of the above activities? If so, please describe the match requirements.

a) Capital Costs: \_\_\_\_\_

b) Rental Assistance: \_\_\_\_\_

c) Operating Costs: \_\_\_\_\_

d) Supportive Services: \_\_\_\_\_

9. Please describe any regulatory constraints that pertain to this program that do not allow the Department to use the funds to the maximum extent possible. (*e.g., the Supportive Housing Program cannot be used to fund permanent housing for non-disabled persons*)

1. Complete name of funding program (*e.g., U.S. Department of Housing and Urban Development- Supportive Housing Program*):

---

2. Name of agency issuing funds: (*e.g., U.S. Department of Housing and Urban Development*)

---

3. Name of local administering agency (*e.g., the Supportive Housing Program is administered locally by LAHSA*):

---

4. Amount of funds available from issuing agency per funding cycle:

\$\_\_\_\_\_ per 1 2 3 years (*Please circle one*)

5. Date/time of year when funding becomes available to Department: \_\_\_\_\_

6. Type of housing eligible for funding? (*Check all that apply*)

\_\_\_\_\_Emergency Shelter (<30 days)

\_\_\_\_\_Temporary Housing (1 month to 6 months)

\_\_\_\_\_Transitional Housing (7 months to 2 years)

\_\_\_\_\_Permanent Housing (no limit on length of stay)

7. Which of the following are eligible activities? (*Please indicate funding levels for each eligible activity by dollar amount or percentage.*)

a) Capital Costs: \$\_\_\_\_\_ and/or \_\_\_\_\_%

b) Rental Assistance: \$\_\_\_\_\_ and/or \_\_\_\_\_%

c) Operating Costs: \$\_\_\_\_\_ and/or \_\_\_\_\_%

d) Supportive Services: \$\_\_\_\_\_ and/or \_\_\_\_\_%

8. Are matching funds required for any of the above activities? If so, please describe the match requirements.

a) Capital Costs: \_\_\_\_\_

b) Rental Assistance: \_\_\_\_\_

c) Operating Costs: \_\_\_\_\_

d) Supportive Services: \_\_\_\_\_

9. Please describe any regulatory constraints that pertain to this program that do not allow the Department to use the funds to the maximum extent possible. (*e.g., the Supportive Housing Program cannot be used to fund permanent housing for non-disabled persons*)

1. Complete name of funding program (*e.g., U.S. Department of Housing and Urban Development- Supportive Housing Program*):

---

2. Name of agency issuing funds: (*e.g., U.S. Department of Housing and Urban Development*)

---

3. Name of local administering agency (*e.g., the Supportive Housing Program is administered locally by LAHSA*):

---

4. Amount of funds available from issuing agency per funding cycle:

\$\_\_\_\_\_ per     1   2   3 years (*Please circle one*)

5. Date/time of year when funding becomes available to Department: \_\_\_\_\_

6. Type of housing eligible for funding? (*Check all that apply*)

\_\_\_\_\_ Emergency Shelter (<30 days)

\_\_\_\_\_ Temporary Housing (1 month to 6 months)

\_\_\_\_\_ Transitional Housing (7 months to 2 years)

\_\_\_\_\_ Permanent Housing (no limit on length of stay)

7. Which of the following are eligible activities? (*Please indicate funding levels for each eligible activity by dollar amount or percentage.*)

a) Capital Costs: \$\_\_\_\_\_ and/or \_\_\_\_\_%

b) Rental Assistance: \$\_\_\_\_\_ and/or \_\_\_\_\_%

c) Operating Costs: \$\_\_\_\_\_ and/or \_\_\_\_\_%

d) Supportive Services: \$\_\_\_\_\_ and/or \_\_\_\_\_%

8. Are matching funds required for any of the above activities? If so, please describe the match requirements.

a) Capital Costs: \_\_\_\_\_

b) Rental Assistance: \_\_\_\_\_

c) Operating Costs: \_\_\_\_\_

d) Supportive Services: \_\_\_\_\_

9. Please describe any regulatory constraints that pertain to this program that do not allow the Department to use the funds to the maximum extent possible. (*e.g., the Supportive Housing Program cannot be used to fund permanent housing for non-disabled persons*)



## APPENDIX C. DEFINITIONS OF SPECIAL NEEDS POPULATIONS

- Persons with Developmental Disabilities (DD) – persons whose disability originated before attaining the age of 18, continues, or can be expected to continue, indefinitely and constitutes a substantial disability. This includes mental retardation, cerebral palsy, epilepsy, and autism, and also includes disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, but does not include other disabling conditions that are solely physical in nature.
- Domestic Violence (DV) – families or individuals who are victims of an abusive partner or family member. The abuse could be physical, mental, or emotional.
- Emancipating Youth, 14-17+ years (EFY 1)– youth, ages 14-17+, who are reaching majority age (18/19 years) and are in the foster care and/or probation systems.
- Emancipated Youth, 18-21 years (EFY 2) – young adults, ages 18 to 21, who have reached majority age (18/19 years) and were in the foster care and/or probation systems.
- Frail Elderly (FE) - individuals who are 62 years or older and require additional supportive services, such as health and home related care, mental health services, life skills, meal preparation, transportation, etc.
- Persons living with HIV/AIDS (HIV) – persons diagnosed as HIV+ at all stages of the disease, including asymptomatic HIV, symptomatic HIV, and AIDS.
- Persons with Mental Illness (MI)– individuals substantially limited in one or more major life activity by mental illness, based on confirmed clinical diagnosis, or initially by referral or staff assessment and later confirmed by clinical diagnosis. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), that are all mediated by the brain and associated with distress and/or impaired functioning.
- Teen Mothers (TM) – females between the ages of 13 and 19, who are either pregnant or parenting.

## DEFINITIONS OF HOUSING TYPES

### **Emergency Shelter (ES) (<30 days)**

This form of housing serves as a stabilizing environment where the client can address and meet his/her basic needs. An emergency shelter may also provide additional resources such as counseling, benefits assistance, transportation, etc., with the primary focus of supporting the client in preparation of obtaining transitional or permanent housing. *For the purposes of this survey, the length of stay is limited to 30 days.*

**Temporary Housing (Temp. H) (30 days to 6 months)**

This housing type also focuses on improving client stability by meeting critical needs –shelter, clothing, food --but allows for a longer length of stay than the emergency shelter. To begin to address the less severe needs of the client, but those that impede progress towards self-sufficiency and housing retention, temporary housing programs offer supportive services in conjunction with housing. *For the purposes of the survey, the length of stay is limited from 30 days to 6 months.*

**Transitional Housing (Tran. H) (7 months to 2 years)**

This form of housing facilitates the movement of homeless individuals and families to permanent housing within 24 months (2 years). Transitional Housing is combined with supportive services –which help promote residential stability, increased skill level or income, and greater self-determination –to enable homeless individuals and families to live as independently as possible. *For the purposes of this survey, the length of stay is limited from 7 months to 2 years.*

**Permanent Housing (PH) (no limit on the length of stay)**

This is a form of long-term housing where special needs populations can address their supportive service needs in an appropriate environment. Supportive services can be provided to enable persons with special needs to live as independently as possible in a permanent setting. Permanent Housing can also include the Section 8 housing choice voucher program, and Room and Board reimbursements. *For the purposes of this survey, there is no limit on the length of stay.*

## APPENDIX D. COUNTY OF LOS ANGELES SPA MAP

